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WOODSHEDDING: A PHASE IN RECOVERY FROM PSYCHOSIS

Joshua David Sparrow

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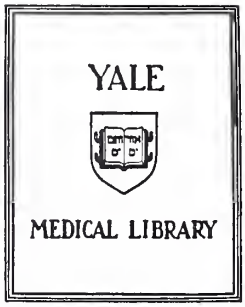
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WOODSHEDDING: A PHASE IN RECOVERY FROM PSYCHOSIS

A Thesis Submitted to the Yale University
School of Medicine in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Medicine

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ABSTRACT

WOODSHEDDING: A PHASE IN RECOVERY FROM PSYCHOSIS

Joshua David Sparrow

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Recent inquiry into the course of psychiatric disorders has begun to undermine the once widespread belief in the uniform outcome of certain psychoses, and raises the possibility that distinct phases of recovery may be identified. This paper describes a single recovery phase, referred to as 'woodshedding,' during which subtle developmental changes are suspected to occur despite apparent stagnation. Phases are occasionally employed in the post-psychotic literature to organize time-bound phenomena, although neither the inadequacies and implications of this organization, nor the means by which one phase becomes the next have been addressed.

As part of an intensive study of the interactions between the individual and the environment in affecting the course of disorder, a series of bimonthly interviews was carried out with twenty individuals hospitalized for psychotic decompensation. Instruments employed in the interviews assessed work, family, social relations, and global functional levels.

The woodshedding phase, it was found, is characterized by stability, manifested in the continuity of surroundings,

roles, and social contacts, and by co-existing developmental change. Thus, the absence of major job promotions, educational advances, heightened intimacy levels, or altered living situations is accompanied, during this phase, by the development of work mastery, social competence, self-esteem, and a limited increase in autonomy within the family. The phase appears to draw to an end when cumulative, incremental increases in functions such as self-esteem undergo qualitative transformations, giving rise to aspirations incompatible with the phase's stability requirements. The identification of phases in the course of recovery holds forth the possibility of a new dependent variable, of phase-specific therapy, and a new imperative to explore the means by which one phase becomes another, i.e., the nature of change.

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TABLE OF CONTENTS

I. Introduction p.1

II. Methods p.3

III. Literature Review p.5

1. Theories of Change p.6

2. Phase-Oriented Studies in the Post-psychotic course Literature p.13

3. Latency - A developmental Metaphor for the Woodshedding Phase p.19

IV. The Woodshedding Phase p.24

1. Stability p.25

2. Change p.27

3. The Achievements of Woodshedding and the Conditions for Their Realization p.31

V. Case Histories p.48

1. Gale D. p.48

2. Cary H. p.75

VI. Discussion p.88

1. Methodological Difficulties p.88

2. Summary of Woodshedding's Characteristics p.89

3. Case Histories p.90

4. Practical Implications p.103

5. Theoretical Implications p.105

REFERENCES p.124

INTRODUCTION

Recent inquiry into the course of psychiatric disorders has undermined the once widespread belief in the uniform outcome of certain psychotic illnesses (16, 32, 143, 159). To identify the factors contributing to the heterogeneity of outcome, a longitudinal study of individuals hospitalized for a psychotic episode, and of the evolution of their work, social, and family experiences has been undertaken. In this paper, a single phase in this evolution will be considered. Referred to here as 'woodshedding,' the phase corresponds to a period of stagnation frequently observed after a psychotic episode. Only occasionally have similar periods been distinguished from subsequent events (36, 70, 123, 126, 143).

Data from the current study raise the possibility that the stagnation of this phase is more apparent than real. In earlier stages of the study, this period was referred to as 'moratorium,' denoting a delay or suspension of activities, implying actual stagnation as the distinguishing feature. Closer scrutiny, however, has disclosed, first of all, that the stagnation is only apparent, and may represent an attempt to assemble and maintain various sources of stability. Secondly, subtle, not readily detectable, yet perhaps prognostically significant changes do occur during this period, changes which seem to depend upon the co-

existing stability.

The term 'woodshedding' (suggested by Dr. Paul Lieberman) is transposed from jazz parlance, where it refers to the consolidative practice of the familiar, and the tentative elaborations of the unknown that take place as the musician plays in the uncritical quiet of the woodshed.

METHODS

As part of an intensive study of the interactions between the individual and environment in affecting the course of psychiatric disorder, a series of bimonthly interviews was carried out with twenty individuals hospitalized for psychotic decompensations. An initial set of interviews conducted during the hospitalization focused on obtaining a history of the person's psychiatric problems and any apparent relationships these problems might have had with work, friendships, and family status. The interviews also obtained basic demographic data. In addition, the Phillips Scale of Premorbid Adjustment and the Strauss/Carpenter Prognostic Scale were completed. The Prognostic Scale contains items on qualitative and quantitative aspects of social relationships and work in the previous year, as well as other variables of demonstrated or reported prognostic significance.

After hospital discharge, follow-up interviews were carried out every two months for a period of one year to trace the evolution of the patient's symptoms and the vicissitudes of the various environmental contexts to obtain an overview of the possible interactions between the individual and his or her environment. Semi-structured interview schedules, some of which had been employed in earlier studies, such as the International Pilot Study of Schizophrenia, were used for data collection.

Individuals who were hospitalized for psychiatric disorder representing a wide range of diagnoses were asked to participate in the study if they were between 18 and 55 years old and had no evidence of organic brain disorder or severe alcohol or drug abuse. Because one aspect of the larger study was to explore the role of work in the post-hospitalization period, a further inclusion criterion was that subjects had a paying job at some time in the year prior to hospitalization (144).

This paper employs the larger study's multi-dimensional data (on work, family, and social relations) in an attempt to characterize but one in a series of phases thought to occur during the recovery process (143).

LITERATURE REVIEW

The aim of this paper is to describe the changes and sources of stability of the woodshedding phase. It presumes neither to predict their influence on events beyond this phase, nor to explain the underlying mechanisms of change. However, the description of a single phase implies that there are others. This paper thus assumes the validity of a phasic framework, and raises questions as to the means of passage from one phase to the next. In the psychiatric literature, there are only a handful of attempts to break down the course of illness or recovery into phases, and none of these address their phases' modes of succession. Given the commitment of therapeutic endeavors to both stability maintenance and processes of change, the importance to psychiatry of understanding the means by which change occurs should be evident. In an effort to introduce a discussion of these issues to the field, this literature review begins with a brief presentation of theories of change proposed within other fields. The literature on post-psychotic course will then be reviewed, with particular attention to the few studies which have used phases in their representations of change. Finally, turning from theory to description, the metaphorical uses of a 'normal' developmental stage, latency, in characterizing the woodshedding phase will be considered.

1.THEORIES OF CHANGE

Germane to the physics of the relations of matter and motion, the philosophies of becoming, historical explanations of event sequences, theories of evolution, embryology, developmental psychology, and the craft of healing, the nature of change has eluded explanation in all. An exhaustive review of these fields' findings and speculations concerning change cannot be attempted here. Instead, the approaches of a physicist and a philosopher will be presented in order to suggest the scope of epistemological uncertainty and ideological controversy the term evokes.

i.The Revised Second Law of Thermodynamics: Developmental Phases as States of Decreasing Entropy; Change as Randomly Determined Fluctuations.

In biological and psychological theory, developmental change is sometimes distinguished from other forms of change by features such as novelty, or increasing complexity in successive structures (2, 58, 102, 154). To reconcile the second law of thermodynamics with the observation that biological and sociological processes may evolve increasingly complex structures, Prigogine has redefined the law's domain to encompass open systems undergoing irreversible, nonlinear transformation under conditions far from thermodynamic equilibrium (23).

Prigogine accounts for increasing complexity, or decreasing entropy, within a 'local self-organizing system,' by endowing it with the capacity to extract energy from its environment, and to jettison high entropy matter beyond its boundaries. The limitations inherent in the locality's dependence on its surroundings are partially overcome by the innovations of successively lower entropy states. Presumably, increasingly efficient mechanisms are elaborated for the exploitation of ever larger exterior regions.

Change, defined here as the emergence of a new low entropy state, qualitatively different in its properties, and of greater complexity than previous ones, is explained by Prigogine's concept of 'fluctuation,' a form of probabilistic determinism (102). In an open system, the random motion of 'microscopic' particles may not undergo the complete mutual negation that maintains the steady-state equilibrium of closed systems. The 'fluctuation' concept allows, instead, for an aggregation to one side or another of equilibrium which shifts the system to a new, more complex state.

The theory of decreasing entropy in an open system may not be applicable as a mathematical model for change in human development or recovery processes. But it may be of some use as a metaphor (8, 53, 114, 115, 124) for individual-environmental interactions. The individual may be represented by the local self-organizing system with specified relations, which evolve over time, to the environment. Controversies over the relative contributions of genetic endowment and environment to the origins of change (and their causal, interactive, or transactional relations) (127) can be sidestepped by the assignment of a causal role to statistical probability in individual-environmental interactions. The random aggregation of 'microscopic' tendencies leading to a change in state

may be taken as a metaphor for human change following from a randomly determined confluence of a multiplicity of factors (23, 53). The reaping of meaning from the novel juxtapositions of metaphor should, however, stop short of attempts to 'ennoble' one discipline with misapplied constructs from another (8).

ii.Dialectics:

Developmental Phases as Intrinsically Capable of Change; Change as Internal Contradiction.

The revised law of entropy begins with a teleology, the teleology of successive, increasingly complex states, which it then sets out to explain. Other developmental schemes begin with a conceptualization of phenomena which renders a resort to teleology virtually inevitable. The heuristic division of matter and motion, of phase and change, results in a repositioning of the forces of change within a more or less disguised teleology (2, 46, 58, 83). Such approaches (53) describe phases as cross-sectional snapshots of one moment in time (120). The changes which occur as one phase becomes another remain unexplained. The relation of one static phase to the next requires the description of yet another static phase between them, one force of change requires the postulation of still another, and explanation becomes mired in an infinite regression (145).

Having perceived a logical predicament similar to that of the static phase in the Kantian 'thing-in -itself' (61), Hegel's solution is to define 'thing' (or phase) as including, within its essence, those aspects which cause it to undergo change. Even its relations to other things,

particularly those that contribute to its potential for changes in state, are defined as intrinsic properties, as part of the essence of a thing. This paper's descriptions of the individual's vocational, familial, and social activities would thus be seen as intrinsic properties rather than external forces, a view which has the merit of rendering the individual's essence concrete and susceptible to observation. (This interpretation owes more to the dialectical materialism of Marx and Engels than to Hegel's spiritual dialectics) (37).

Other intrinsic properties of a thing which enable its essence to subsume its potential for change are the thing's internal contradictions. In fact, change itself is an internal contradiction pertaining to a thing. As Hegel would have it, something changes, not because at one moment it is in one state and at another no longer in that state, but because in one moment it both is and is not in that state (64). For example, in child development, if an infant's essence is described as encompassing his relations with his primary caretaker, then symbiosis may be seen as a state whose internal contradictions drive towards and give specific form to the individuation that follows. The notion of change as internal contradiction, the possibility of being both one thing and its opposite, locates the driving force of change within the thing, and

closes the gap between states by reconceptualizing external forces, rendering the states themselves inherently dynamic.

The mathematical specificity of the revised entropy law to the physical world limits, as has been mentioned, its applications to human development or pathology. The generality of dialectics creates problems as well, for it gives little guidance in identifying the specific internal contradictions which define the movement of a process. Like the probabilistic theoretical orientation derived from the revised entropy law, the dialectical approach may prove to be a perspective raising new questions and novel combinations, rather than a methodology generating unique empirical strategies (81).

2. PHASE-ORIENTED STUDIES IN THE POST-PSYCHOTIC COURSE LITERATURE

The course of psychotic disorders and the process of recovery have only occasionally been described as sequences of phases. In such descriptions, the heuristic utility of phases is assumed, their inadequacies in accounting for change, unprobed. More commonly, the course of disorder has been considered in follow-up studies concerned primarily with final outcome. Most have been designed to identify prognostic factors in the frequency of relapse and rehospitalization (16, 26, 69, 71, 79, 80, 89, 106, 142). Individual factors influencing course have been detected. These include premorbid history, diagnostic subgroup, and affective components associated with the acute psychotic episode (31, 79, 80). Environmental factors such as work, family, and community living experiences (16, 24, 25, 26). have also been recognized to affect outcome. The effects of hospitalization, brief vs. prolonged hospitalization, milieu therapy, sociotherapy, pharmacotherapy, group, family, individual psychotherapy, and various combinations of these on relapse and recovery rates have also been examined (16, 31, 32, 66, 95).

Few of these studies have conceptualized recovery as dynamic process rather than static endpoint. The definition of recovery is often rudimentary, specifying an absence of

hospitalizations, or minimal levels of work and social function, with little regard for subjective experience. Relapse and recovery rates are correlated with the presence or absence of these individual, environmental, and therapeutic factors at any given moment in time (although pre- and post-psychotic moments are usually distinguished). The evolution of these factors, or their appearance at specific, perhaps subjectively significant moments, or in a succession of specific combinations, have not been explored in relation to relapse and recovery rates.

Of the studies that impose a phasic framework on illness processes, the majority (excluding psychotherapy research) are concerned with the prodromal phases of decompensation (35, 36). An understanding of the phases that precede a psychotic episode may shed some light on the recovery process. The latter, as several observers have suggested (35, 96, 97, 123, 126, 133), may unfold as a reversal or mirror image of the former. Why this should necessarily be so is not clear. Though the point has not been elaborated by these observers, it implies that recovery constitutes a restoration of premorbid capacities, rather than a developmental process through which new capacities emerge.

Newly emergent defensive capacities, however, have been reported in recovery process studies correlating

the evolution of clinical phenomena with psychodynamic interpretations (36, 56, 81, 123, 126, 131, 132, 133, 135, 149, 152). Frequent mention is made of a 'relinquishment of maladaptive ego defense mechanisms' and a simultaneous elaboration of increasingly adaptive, integrated defenses, a finding consistent with those of our study. Defenses, in some cases, (149, 152, 159) are broadly construed to include productive accommodations to external reality, rather than solely assimilative stress-avoidance strategies. Little attention has been paid, however, to the phasic evolution of strengths (aside from defenses), skills, attitudes, and feelings during the recovery process.

These omissions result, in part, from the failure of such studies to consider the effects of individual-environmental interactions on the individual's evolution. Evolving patient-therapist (123, 126, 133) and patient-therapeutic milieu (56) interactions, and their relations to the emergence of new defenses, have, however, been investigated. Gunderson's study of the therapeutic milieu (56), for example, suggests that the activities offered by the milieu may correspond to specific recovery phases. Though some milieux may only offer one or two activities, others may offer different activities, simultaneously or in succession, altering the blend of activities as patient needs and strengths evolve. Interestingly, the

five activities described, containment, support, structure, involvement, and validation, may be conceived of as a continuum ranging from security to challenge. The mechanisms by which an individual's needs and strengths shift from one end of the continuum to the other are poorly understood, and likely to be complex, given that the sequence of shifts may not necessarily follow the continuum's linearity.

Initial speculations about phase sequencing are found where investigators have attempted to determine the influence on outcome (i.e., subsequent phases) of the occurrence of a particular post-psychotic phase, or the way in which the phase is experienced by the individual. Post-psychotic depression investigations (96, 97, 123, 131, 135, 140, 141), for example, have asked whether the occurrence of that phase, or therapeutic interventions during that phase, can be correlated with improved outcome. Results of these studies, however, have been equivocal, because post-psychotic depression and improved outcome may be independently correlated with a third variable, the schizoaffective diagnosis. Evaluation of diagnostic variables is thus essential to an understanding of phasic evolution, and the impact of therapy on phases.

The identification of phases in the evolution of patient-therapist and patient-milieu interactions have been accompanied by the recognition of the potential for

phase-specific therapy (34, 35, 36, 123, 126). Phase-tailored modifications have been proposed for pharmacotherapy (35, 66, 67, 131), psychotherapy (123, 131, 140), group therapy (55), and milieu therapy (56). Phase induction, maintenance, and termination mechanisms, however, have not been adequately explored, nor have mechanisms of phase sequencing and causal interaction among phases. To broaden and refine the phase-specificity of therapeutic endeavors, phases of illness and recovery must be identified and defined.

i.Woodshedding-like Phases in the Recovery Literature

In the literature on recovery phases, there are occasional descriptions of phases (36, 70, 123, 126, 143) which share some features with the woodshedding phase. Among these features are the development of confidence and security, the return of secondary thought processes, and some combination of increased stress tolerance and stress avoidance in a relatively sheltered environment (although this may include a resumption of work or school at the phase's beginning). However, these formulations encompass neither the challenges that may be undertaken in the presence of this relative protection, nor the manner in which shelter may be cast off when it comes to interfere with more ambitious pursuits: these studies attend neither to what may be considered internal contradictions, nor to the manner in which such contradictions engender change. Unlike the developmental changes of latency, the changes emphasized in these studies are brought about by symptom remission and the restoration of premorbid capacities, rather than by the emergence of new capacities.

3. LATENCY - A DEVELOPMENTAL METAPHOR FOR THE WOODSHEDDING PHASE

In turning to latency as a metaphor for the woodshedding phase of recovery, it is hoped that new meaning will arise from the juxtaposition of two concepts which are distinct, yet intersect (114, 115). (The possibility of pathogenetic connections between the two is not of concern here). The idea of latency as a metaphor for woodshedding originated from the observation that both are characterized by important, although inconspicuous, developmental changes underlying 'behavioral constancy,' changes which include an increase in self-esteem, and a strengthening of the individual's social network (144). In addition to the simultaneity of stability and underlying change, latency shares with woodshedding an intermediary position between two periods characterized by readily detected change, or even catastrophic upheaval.

In Strauss' model of the course of disorder (143), woodshedding may occur in between the acute psychotic episode and a phase referred to as a 'change point,' (143, see also 'choice point' in 66) a phase of maximal function engendering increased demands which may, in turn, lead to psychotic decompensation, or to another woodshedding phase. In psychoanalytic accounts of normal development, latency occurs in between an oedipal phase,

in which rage arises from frustrated sexual wishes (38), and adolescence, a period of renewed sexual drive and conflict (20). Thus latency may be viewed as a period of convalescence in which developmental changes serve dual functions, healing earlier injuries while preparing for future challenges.

Latency is usually described as occurring roughly between the ages of five and eleven, often beginning as the child's primary sphere of activity, the family, is eclipsed by school (38, 75). School is the most obvious, though not the sole, setting for the practice, mastery of tasks, skill development, and resulting competence which characterize this period. Competence, and the accompanying material achievements, bring social recognition. Extrafamilial recognition of a new role expands identity, and anchors self-esteem in a sphere independent of parental approval (20, 39). The core conflict of this period, according to Erikson, pits a sense of 'industry' against one of 'inferiority."

Manual and intellectual competence development are accompanied by the development of social competence, and the approval of teachers, by the acceptance of peers. The egocentricity of earlier periods is supplanted by a new capacity for reciprocation. Sullivan, in writings on 'chumship,' describes a newly emerging concern for the

feelings and needs of peers, and an intimacy with peers which allows the individual to 'see himself through their eyes,' constituting an opportunity to correct 'autistic' or 'fantastic' ideas about himself (146). The new importance of peer relations is a force of change, encouraging some autonomy from the family. Yet integration into a peer group and adherence to their standards is a stabilizing force as well, fending off feelings of isolation as autonomy from the family is gradually achieved.

The latency-age child has been described as having one foot firmly planted in the parental home, and the other in the world outside (84). Though school and peer relations provide some stability by offering relief from intrafamilial tensions (75), these are the major areas in which change occurs during this period. The family may appear less important as the child interacts increasingly with playmates. But their ongoing provision of security is an example of a relative absence of change which permits change in other areas (75). Early forms of autonomy from the family alter the child's dependence without obliterating it. An important aspect of this alteration is the replacement of 'object love' by 'identification' (48). Identifications with and emulation of parents' social, productive roles help to establish and drive the sense of 'industry' of the latency-age child (38).

New cognitive and psychological structures, perhaps springing from or rendering possible the changes described, have been observed during this period (20). Primary and secondary thought processes become more sharply delineated, with greater capacities for logic, reason, generalization, judgement, and reality testing. Attention and concentration are increased, as are the tolerance of tension and frustration, and the ability to postpone and anticipate gratification through newly elaborated defensive operations (20).

The individual's new concern with his peer's perceptions of him, and the associated opportunities to see himself through their eyes, contribute to the development of the capacity for introspection and self-control (20, 38). The internalization of parental authority contributes to the development of self-critical, self-guiding, and self-controlling faculties (38, 48). With improved impulse control comes increased resistance to regression and disintegration (20). Like self-control and self-observation, another psychic regulatory function, self-esteem, becomes increasingly independent of environmental influence (20). Success in confronting the challenges of the latency period at school and with peers, counterbalanced by ongoing family security, engender structural developmental changes necessary for the confrontation of the challenges of adolescence. The topic of latency will be reconsidered in the discussion section of this paper, where the significance

of its similarities to and differences from woodshedding will be addressed.

THE WOODSHEDDING PHASE

The following is an idealized formulation of the woodshedding phase, based on an initial, hypothesis-generating review of the data. It is not intended as a rigid specification of necessary conditions for the phase. In fact, the minimum required conditions remain to be determined, and may ultimately be found to vary with the individual and the diagnosis. Although reality is unlikely to reproduce the formulation as presented here in its entirety, it is hoped that the coherence afforded by this initial idealization will aid in the identification and further characterization of the phase, both in the case histories to be presented in a subsequent section of this paper, and in additional studies.

1.STABILITY

Psychotic episodes often appear to be followed by a period of apparent stagnation during which indices of objectively measurable activities yield plateaus at relatively low levels of function in all areas of activity. Major changes such as job promotions, educational advances, heightened levels of intimacy, new living situations, and other changes involving new people, places, and roles do not occur. The stability of the individual's environment stems from its constancy, familiarity, and its objectively minimal demands.

One illustration of this kind of environmental stability is that of one individual in the study who lived at home with his family, engaged in no heterosexual relationships, interacted with peers in intimacy-limiting settings, and held a job with little pressure or responsibility, and few opportunities for advancement. The stability of woodshedding, however, extends beyond that of the environment itself to include the individual's perceptions of and interactions with his environment.

Other settings, including hospitals, may also be appropriate for this period. Hospitals, however, may be less likely to provide the sort of stability that is characteristic of woodshedding. Paradoxically, the

hospital may be both too sheltering (this phase's environmental stability may be less extensive than that of many hospital settings) and too stressful. Hospital-related stresses which may disrupt or prevent the establishment of stability include the emphasis on illness and the need to confront personal problems, stigmatization as a 'mental patient,' and, in some cases, the lack of a family or family-like presence. The quiet undercurrent of change distinguishes woodshedding from periods of more complete stagnation, devoid of detectable change, during which the individual is still functionally overwhelmed by his symptoms.

2.CHANGE

The changes that have been observed during this phase appear distinct, qualitatively and quantitatively, from those of other periods. Quantitative specifications of the extent of change, however, fall somewhere along a continuum. During the woodshedding phase, the extremes of the continuum, stasis and cataclysm, do not occur. A consistent quantitative feature of the changes of this period is the slow, gradual manner in which they come about. The fact that these changes evolve slowly, over extended periods of time, may be one reason why they are not easily detected.

Qualitatively, the subtle changes of this phase appear to be developmental. Among them are work mastery, social recognition, self-esteem development, and some degree of autonomy within the family. They constitute an integration of new attitudes, feelings, and views about one's self and others. Newly developed skills and functional abilities are acquired through activities and experiences which occur in a context of stability. Their usual lack of outward, environmental manifestations is another reason why these changes may go unnoticed.

Surroundings, social contacts, and roles are continuous during the course of this period, although they may differ from those of previous periods. The distinguishing feature

is the constancy of these elements throughout this phase. In some cases, further benefit appears to be derived when settings well known to the individual prior to the psychotic episode are restored during the woodshedding phase. Perhaps work mastery may be more readily achieved in familiar surroundings, social recognition more successfully won from familiar people while playing a familiar role, and a new sense of self-esteem more potent when estabilished within a context of continuity.

One pertinent aspect of self-esteem is the individual's belief in his ability to respond to environmental pressures. The integration of this belief (one of the subtle changes of woodshedding) may reduce stress responses to environmental demands, and increase independence from environmental vicissitudes. As the individual learns new skills to meet demands, and as his view of himself comes to include a belief in his ability to meet them, perceived environmental demands may diminish over the course of this period (assuming that objective demands remain constant). In conjunction with strengthened self-esteem, lowered expectations may prolong stability: stress responses to failure occur only if the failure is deemed important.

An objectively undemanding work situation may, at the onset of woodshedding, pose relatively large subjec-

tive demands. Getting up in the morning, dressing appropriately, arranging transportation, arriving at work on time, getting along with co-workers, carrying out brief verbal interchanges or having lunch with them may all, early on in this phase, be perceived as major obstacles, even in a low-keyed, slowly paced job with simple, concrete tasks, and tolerant, supportive supervisors. Work mastery, social skills, and self-esteem development are among the developmental changes that may decrease perceived demands despite constant objective demands.

Subjective pressures may be more readily tolerated if they are high in only a few areas, while lower in most, so that their sum remains relatively low. This arrangement is seen, for example, in those individuals who choose to live at home, postponing some of the challenges of independent living and, ideally, deriving stability from their family, while confronting the perceived demands of their work.

Specific forms of stability appear to be particularly well-suited to the changes of this phase. Living at home with one's family is one such source of stability, serving as a buffer against environmental demands. The role of stability in the occurrence of change may be considered akin to Piagetian assimilation (i.e., the molding of the environment to one's needs), which seems, when present in some areas, (e.g., living in the family's

home) to permit accommodation (i.e., meeting reality half-way) in others (e.g., work, social relations, friendships) (110).

Stabilizing settings, however, have also been observed to impose limits upon the nature and extent of change that can occur. For example, the individual who lives at home may find that the availability of unconditional love from family members gives him the security to undertake perceived risks in his relations with peers, perhaps by extending his contact with them. However, constraints of family living, such as lack of privacy, parental supervision of hours kept, family opinions about the individual's peers, may eventually impose limits on the nature and extent of social contact (e.g., limits on the amount, duration, and timing of phone calls or visits received at home). While living with his family, even the individual's lack of his own apartment in which to receive guests limits the opportunities for the initiation of intimate contact. The extent of intimacy is more likely to be governed by conventions applying to settings such as a family living room, or a workplace cafeteria. Perceptions of close friendships or heterosexual relationships as threatening to the stability offered by the family may lead the individual to limit the extent of intimacy in those relationships.

3.THE ACHIEVEMENTS OF WOODSHEDDING AND THE CONDITIONS FOR THEIR REALIZATION

i.Work - Achievements

The developmental changes of the phase may be brought about by a variety of experiences, challenges, and achievements in the workplace. Among the first, chronologically, may be the re-establishment of work skills already acquired in the premorbid period. Returning to a workplace familiar from that period may allow the individual to salvage a greater number of such skills, and thus to attain a correspondingly high level of work competence early on in the woodshedding phase. More universal work skills, as well as stamina, also may need to be re-established. Discovery or rediscovery of work-derived sensory-motor and intellectual satisfaction may be another experience of woodshedding affecting outcome: under- or over-stimulation may both predispose to relapse.

The successful resumption of work appears to require and reinforce strategies for filtering excess stimuli, capacities for judgement and logical thinking, attention and concentration. Idiosyncratic thinking is increasingly submitted to consensus-oriented thought

processes as the individual learns to follow rules and routines, to budget time, to accommodate to his environment and those who inhabit it.

Contingent upon these achievements are the mastery of the physical world, and the closely related development of competence in the concrete tasks of work. In turn, competence and mastery at work engender a confident sense of one's worth and potential which may be extended to activities in other areas. This development, or restoration, of self-esteem may be accompanied by experiences which enhance its resistance to environmental influence. These include experiences of winning and losing, of many small successes, of individual victory within a work structure which legitimizes or contains competitive impulses.

With objective, material accomplishments at work come the feeling of being a productive member of society, and the experience of receiving social recognition for that role and its contributions. Both the sense of worthwhileness, of being valued and needed by society on the basis of the work role, and the self-esteem derived from the specific nature of competence at work, may contribute to the process of identity formation.

ii.Work - Conditions

Specific conditions within the workplace appear to favor the work-related achievements just discussed. Most are stabilizing influences, though some are mild challenges towards change. The definition of woodshedding specifies a single, stable, continuous place of work for this period. If the changes of the phase are to occur without a change in surroundings and roles, then, ideally, the structure of the workplace, though stable, should have the flexibility to allow for small changes within it. A single workplace providing jobs of varying difficulty and degree of social contact, among which the individual may switch back and forth, may permit a sense of mastery early on, while symptoms may still be fluctuating. A flexible hierarchy of discrete, graduated challenges separated by very small steps may allow for slow, smooth flow in either direction. Small moves from one gently graded step to another may provide new opportunities for mastery, reinforcement and expansion of self-esteem, and recognition for increasing competence. In their absence, other clear evidence of recognition may be helpful. However, the very possibility of a major promotion, entailing increased pressures and responsibilities, may be threatening. Anxiety arising from a desire or sense of obligation to seek such a promotion may be prevented by clearly specified limits to advance-

ment opportunities within the workplace.

In addition to opportunities for some limited movement along the company's hierarchy, some tolerance of movement along the individual's range of functional adaptation levels may also be of benefit. A step backwards may bring the individual back to a branching point from which a more viable path may be taken. A mild, transient regression, if tolerated, may help bring about reality-oriented, work-derived insights into the individual's disorder. The chance to err or to fail without dire consequences, and with the opportunity to try again, may help dedramatize fears of relapse, and may be a preparatory step for the undertaking of challenges too great to co-exist with the stability of this phase. Failure may also be necessary for a realistic readjustment of expectations. The experience of returning to the same job, of smoothing over difficulties with co-workers which arose from an error, or a recurrence of symptoms, may make self-esteem more resistant to subsequent environmental influences.

The workplace may serve as a relatively protected setting in which to become delusional, experience the consequences of the delusions, and learn to assess their discrepancies with reality, without permanent disruption, without relapse, without irremediable failure. Externally

imposed rules, if clearly specified, may relieve the individual of the responsibility to adhere to self-enforced rules, of the temptation to break self-imposed rules. Precise, relatively rigid, and clearly defined roles, relationships, and expectations at the workplace reduce the likelihood of misperceptions of role, confusing or ambiguous social contacts, disappointments resulting from failure to meet self-set expectations.

Simplified, relatively regimented social relations at work may be helpful initially, as the individual is developing or re-establishing social skills. The inherent limitations to intimacy with co-workers which stem from the work setting itself may be a stabilizing influence as well. The constant pressure of a common, work-associated goal unrelated to social interaction may reduce both the pressure to be sociable, and the perceived importance of the individual's ability to socialize.

A realistic, flexible, non-intrusive supervisor, and a small group of accepting, uncritical co-workers may provide the optimal blend of expectations and an almost familial warmth which offers the individual the flexibility to do better or worse. Yet the work setting's relative freedom from emotionally charged areas of conflict sets conditions for change which may not be available within the family.

Dependence on parental assurance for feelings of worth and significance may be progressively replaced by a sense of self-esteem derived from achievements and mastery which earn objective and social approbation, although the former may also facilitate the latter. Just as external approval and acceptance may encourage emotional independence from the family, the financial rewards of work bring with them the possibility of material independence from the family.

iii.Family - Achievements

In addition to the contributions of work mastery to self-esteem are those of the establishment of independence (material and otherwise) from family, and subsequent autonomous functioning. Sweeping, definitive steps towards this end do not occur during the woodshedding phase. The individual living with his family does not move out of the family home during this period. Such a drastic change would, by definition, terminate the phase. But less obvious changes, changes in attitude towards himself and his family do occur, and may pave the way for the more apparent changes in their relationships that can occur after the woodshedding phase.

Gradual increases in responsibilities, in the ability to contribute to the family's living expenses, and in the capacity for reciprocation may all contribute to a slow shift from a child-like to a more adult role within the family. Small steps towards autonomy may be taken as the individual learns to set limits on family expectations and demands, while developing more realistic expectations of family members, of their abilities to provide assistance, guidance, understanding, and gratification, and a more realistic appraisal of their shortcomings.

Gradual steps towards autonomy within the family

appear to be taken as new sources of stability within himself and within the family are discerned. Stability may be derived from the individual's perception of a new commitment on the part of the family to provide closeness and security in a reliable, predictable, and permanent manner. The individual's new recognition and acceptance of his need for this commitment may be another stabilizing influence. The new sense of commitment both facilitates and depends upon an improved ability to work out problems within the family, improved interpersonal communication skills, and perhaps some degree of freedom from ambivalence.

iv.Family - Conditions

The gradual establishment of independence from the family appears to occur in conjunction with a new form of closeness. Specific aspects of the new relationship which may favor steps towards autonomy include the ongoing availability of the family, their unconditional love, a tolerance of initial dependency, and a willingness to meet initial dependency needs. Lowered familial expectations may have a stabilizing influence, if they do not dampen the individual's reasonable hopes for the future. Family members may gently nudge the individual towards change by providing assurance of his worth and significance before this becomes available from peers and colleagues. This may encourage the individual in his attempts to derive self-esteem from objective accomplishments at work, or from peer approval and acceptance. There is, however, the risk that familial support may overshadow these other efforts.

Though the optimal family role during the period appears to be a stabilizing one, further benefit may be derived from the family's recognition of and adaptation to the gradual changes that occur in the individual. Sensitivity and appropriate responses to the developing

readiness for independence (e.g., as when significant ties to the outside are established) may allow a timely but gradual withdrawal of dependency need gratification. The shift toward independence, however, does not represent a complete severance of ties. The new quality of the relationship may be sustained if the ongoing availability of the family remains intact, and is combined with structured limitations to the extent of contact.

The stability of familial relations may serve as a counterbalance to challenges undertaken as the individual forms relationships with peers. The experience of a more independent position, and the development of the capacity for reciprocation within the family may enhance the capacity for friendship. On the other hand, social acceptance and approval beyond the family may help to consolidate the gradually established independence from the family. In fact, the only outward manifestation of the shift toward autonomy may be an increase in the amount of time spent with friends out of the family home.

v.Social Relations - Achievements

One of the earlier achievements in the area of social relations is the re-establishment of previously attained skills in social functioning, for example, talking with people who are neither patients nor hospital staff members. The individual renews contact with familiar peers, or assembles a social network whose members remain unchanged through the course of this period. There may be some increase in the individual's ability and willingness to turn to his social network for support and assistance in problem-solving. Greater social exposure offers practice in using social skills, thereby improving the individual's ability to engage effectively as well as his sense of social competence. A certain degree of social competence may be required in order to initiate the process of social recognition, approval, acceptance, and integration. This process, in turn, may further increase the individual's level of social competence.

Integration within a group of peers offers a variety of experiences and challenges which may influence post-woodshedding outcome. Unique opportunities may exist within the peer group for small victories while competing with equals. This sort of success may be either unattainable in familial or work contexts, or not nearly so

satisfying if achieved there. Reality-testing through feedback, the development of insight and identifications, the exploration and determination of boundaries between self and others may also be uniquely possible, or have unique meanings when carried out within a group of peers.

The capacity for reciprocal relation is one achievement (144) which may be favored by peer interactions. This entails skills in negotiation and compromise, and the recognition of and accommodation to the needs of others. The successful satisfaction of others' needs may engender a new belief in the individual's usefulness, importance, and value to others, a new belief which, together with the feeling of belonging to a group, may strengthen the individual's self-esteem and contribute to the process of identity formation.

vi.Social Relations - Conditions

The peer group is composed of individuals of equivalent functional levels. Whether the peer group includes individuals with psychiatric disorders may depend on the severity of the individual's disorder, or its current phase. In addition to offering opportunities for the developmental changes just discussed, the peer group may be a stabilizing force during this phase.

Frequently, peer groups appear to set guarantees of limited intimacy, and of clearly nonsexual relationships. Subtle changes may be facilitated by the group's minimal demands, particularly the ban against vast changes in intimacy levels. The safety, security, and limits to challenge implied in such guarantees are well-suited to the general requirements of this period.

Just as the security of the familial commitment permits the individual to undertake limited risks in seeking out peer contact, friendships and group participation may favor the gradual alteration of the individual's relations with his family. Friendships may provide a margin of protection against feelings of isolation as the first small steps towards separation from the family are taken. Conformity to peer group standards may be a stabilizing influence if rejection of parental standards appears to be required to overcome dependency.

vii.Personal Achievements - Personal Attributes Favoring Achievements

Capacities for introspection, self-observation, and self-control may be developed during this phase as the individual learns to monitor and control his symptoms. Some degree of symptom control by psychotropic medications may be required for the subsequent development of autonomous symptom control. In turn, a certain amount of freedom from symptoms (or perhaps even a relative biological invulnerability to relapse) may prove to be a prerequisite for change in other areas. Racing, disorganized, or primary process thoughts, for example, may interfere with holding a job, learning basic work skills, getting along with colleagues and family members. Personal characteristics which have been observed in association with woodshedding's achievements include hope, determination, persistence, and a belief in the possibility of recovery.

TABLE 1: CHANGE AND STABILITY IN THE INDIVIDUAL AND THE ENVIRONMENT

During the course of a woodshedding phase, it may appear that those subtle changes that do occur take place within the individual, while the environment remains stable. This table is designed, however, to suggest the complementary equilibria of change and stability within both the individual and the environment. (The elements of this table are derived from an idealized woodshedding phase, and do not necessarily constitute required conditions for the phase. It may be noted that some elements could be classified as both individual and environmental factors, e.g., social integration, but are arbitrarily represented here under only a single heading.)

TABLE 1: CHANGE AND STABILITY IN THE INDIVIDUAL AND THE ENVIRONMENT

	CHANGES (occurring during woodshedding)	STABILITY (sources during woodshedding)
I. INDIVIDUAL		INDIVIDUAL
A. WORK	-re-establishment of premorbid work skills -skill development, task mastery, competence	-no new roles, jobs or educational undertakings
B. SOCIAL RELATIONS	-re-establishment of premorbid social skills -social competence -decreased egocentricity -increased capacity for reciprocal relations	-limited intimacy in new relations -no major changes in intimacy levels of old relations -
C. FAMILY	-slight increase in autonomy and responsibility within the family	-no major, tangible change in relations with family (i.e., if living at home, will continue to do so)
D. OTHER	-psychic regulatory functions (self-esteem, self-reliance, self-observation, self-control) strengthened and increasingly independent of environmental vicissitudes -increased stress tolerance, reality testing, capacities for judgement and logical thought, capacity to filter excess stimuli -increased belief in ability to meet environmental demands -emergence of new, more adaptive defenses -identity formation	-stress avoidance -relative biological invulnerability to relapse

TABLE 1: CHANGE AND STABILITY IN THE INDIVIDUAL AND THE ENVIRONMENT (con.)

	CHANGES	STABILITY
II. ENVIRONMENT		ENVIRONMENT
A. WORK	-work setting sufficiently flexible to accommodate small changes, slight advances, minor setbacks	-no potential for major job promotions -externally imposed, clearly defined rules and roles -tolerant, but not overly indulgent supervisors and co-workers -limited consequences for errors and failures
B. SOCIAL RELATIONS	-social recognition for material accomplishments -social approval, acceptance, and integration -strengthening social network	-peer group members of roughly equivalent functional level -peer group clearly nonsexual in nature
C. FAMILY	(Changes within the family are themselves stabilizing forces): -lowered expectations -new capacities for ongoing availability, and unconditional love -new ability to recognize and adapt to the individual's attempts to increase his autonomy within the family	

(Family attributes listed here are assumed to be new. If they are not, then a new receptivity to these attributes on the part of the individual must be postulated).

CASE HISTORIES

1.GALE D.

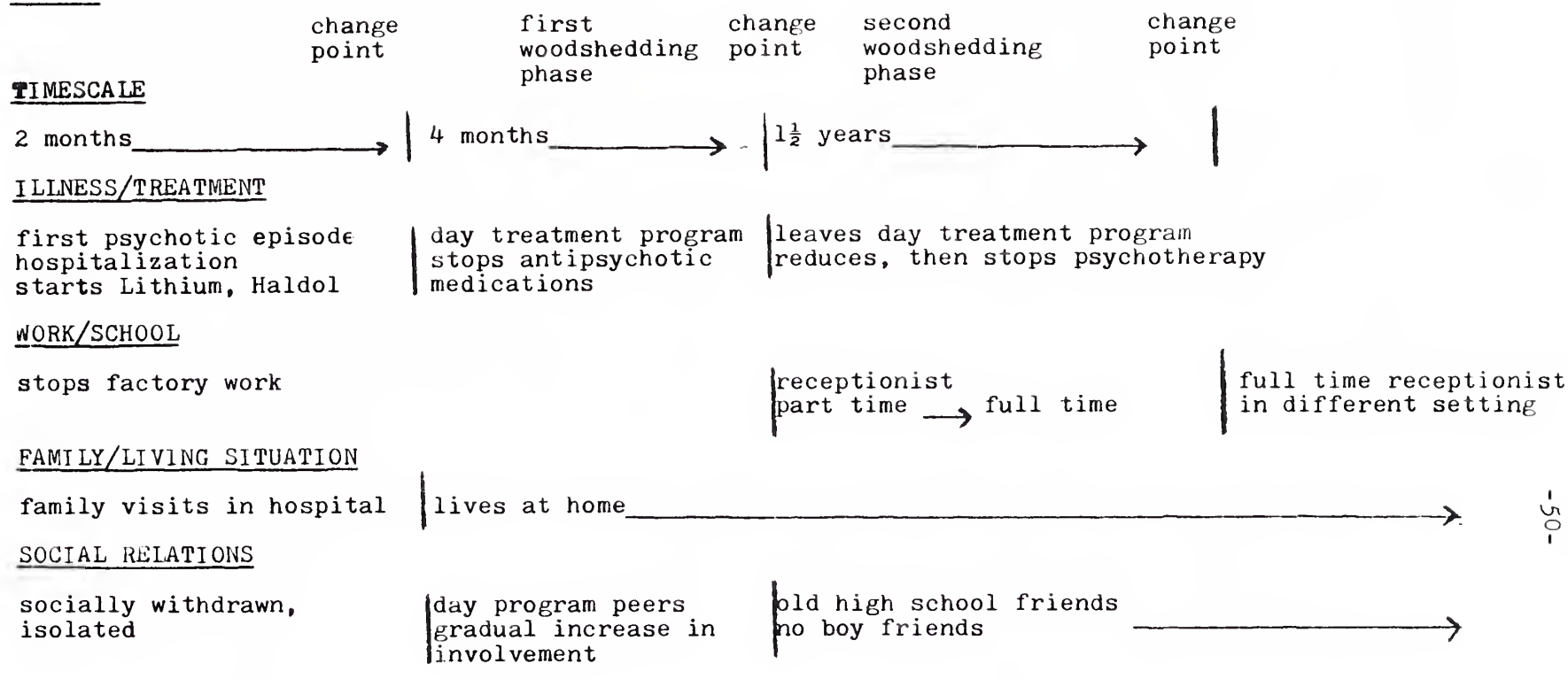
In turning to the first case history, a brief description (as well as a 'timetable') of Gale D.'s past history and hospitalization course will precede the specification of the achievements and conditions of the two woodshedding phases that she experienced during the course of this study.

i.Past History

Gale D., a single woman in her early twenties, had no history of psychiatric disorder prior to her first and only hospitalization for a psychotic decompensation. The episode occurred two years after her high school graduation. Having skipped classes frequently, Gale had almost failed to graduate from high school. Reportedly popular in high school, she had frequented her own 'clique' of friends, and a few casual boyfriends, though the extent of her intimacy with them is unclear. While enrolled, she had worked part time as one of two receptionists in an office. After graduation, she continued there full time for several months, and then took a similar job at another office.

where she stayed for nearly a year. One month before her psychotic episode, she started a new full time job as an inspector in a packing department of a factory, while continuing to work one day per week at the office.

TIMETABLE: GAIE D. (includes only major, phase demarcating events considered relevant to the text, and begins with the individual's first psychotic episode)



ii.HOSPITALIZATION

To combat her work-associated fatigue, Gale began taking amphetamines during that one month period. Her initial diagnosis was bipolar affective disorder by history, histrionic personality disorder, and amphetamine abuse. Lithium and haldol treatment were begun on admission, and discontinued about five months later. Hospitalized for about two months, Gale then returned to live with her family while attending a day treatment program for the next four months. Upon discharge from the day program, six months after her psychotic episode, Gale resumed work, part time at first, at the same office.

During her hospitalization and the early portion of her day program treatment, she appeared massively impaired, functionally indistinguishable from chronically ill patients. Throughout this period she cancelled many of the research interview appointments, and was silent or tearful during most of the others:

> For a few months following hospitalization she appeared ...to be one of the sickest, most chronic people in the study, although her premorbid adjustment picture did not necessarily support that.

Initially, amphetamine toxicity was considered the major

precipitant of her psychotic episode. But the severity and duration of her symptoms suggested that her disorder included a significant functional component. When asked, nearly a year later, if she thought the amphetamines had caused her illness, she replied:

> Alot of different things, alot of different changes, alot of different things that I wanted to do, a combination of so many things, school, everything ...drugs were the straw that broke the camel's back...it was due, it was coming, you could feel it coming.

iii.Course - Perimeters of Gale's Two Woodshedding Phases

Gale saw her illness as the culmination of several problems which dated back well before her bout of amphetamine use. Among these were a tendency to pace changes rapidly, hurrying towards new ambitions.

> Before, I think I was trying to grow up too fast, trying to do too many things too fast. Trying to get out in the world real quick put me in a bad position because my mind could only take so much. Then I got sick.

Her hospital stay gave her the opportunity to review the changes of the past, and to re-examine her ambitions for the future. For Gale, the stability of the woodshedding phase seemed to be not only an element in recovery from psychosis, but also a counterbalance to the rapid changes of the phase of apparently 'normal' development which preceded her first and only psychotic episode:

> I'm more relaxed. I look at things different. Before I was pushing things, now I'm taking things in stride. I'm not rushing things. I'm letting things happen at their own pace.

Gale's first woodshedding phase began during the day hospital treatment when her symptoms cleared and her medications were stopped. During this period she lived with her family, and spent occasional evenings with old friends. It came to an end with her discharge from the day program, and resumption of work as a receptionist, which marked a major change point.

Gale's second woodshedding phase began while she was working part time as a receptionist, and ended when she left her subsequent full time position there for a more demanding job elsewhere, another major change point. Throughout the second woodshedding phase, Gale worked at her old receptionist job, lived with her family, saw old friends, but had no boyfriends (she began to date very infrequently toward the end of this period), saw her therapist with decreasing frequency (and eventually not at all), was essentially symptom-free, and continued without medications. The achievements and experiences of these periods, and the conditions encountered at the day hospital, at home, work, and with friends, will be considered in greater detail in the following pages.

iv.Gale's First Woodshedding Phase:
The Day Hospital and Life at Home

Gale's day hospital treatment lasted only four months, and her first documented woodshedding phase somewhat less. Thus only two follow-up interviews, at two month intervals, were done during this period, and correspondingly limited data are available.

While in the day hospital, Gale's symptoms diminished. It was at this time that her medications were discontinued. She felt that this had helped her to become more alert and engaging. The discontinuation of medications was also responsible, she felt, for the cessation of a tremor which had interfered with her self-image and her self-confidence. Gale described the self-esteem that she derived from the experience of feeling better and doing more without medications: "No medications is terrific...I don't have to depend on medications, I can do it myself."

At the end of each day, Gale returned home to have supper with her parents, to sleep in the house in which she had grown up. Her relations with her parents were now somewhat different, altered, she felt, by her hospitalization:

> I feel I'm closer to my parents... The hospital experience put us through alot. We're alot closer in the way of talking about different things than we were before. We don't argue as much. We loved each other before but we never said, 'Hey, I love you.' I don't pull away from them anymore, they don't pull away from me. We pull together.

Her family now seemed safer, more stable, with fewer arguments, more open communication, and love less encumbered by contingencies. Gale had apparently become more accepting of her need for her parents' love, and seemed to feel less ambivalent about seeking it out.

Gale's unemployment is one example of the plateaus in quantitative indices of function associated with the woodshedding phase. The freedom from work-associated responsibilities was, as Gale recognized, a stabilizing influence necessary for this phase of her recovery.

> I don't want to be a bum for the rest of my life. I'd like to be working, bringing in my own income. But it's been helpful for me not to have been working during these two months, because I'm trying to get myself back to what I was before. If I was working I wouldn't be concentrating on getting better. It would be too soon.

Throughout this first phase, the day hospital was yet another source of stability, providing continuity in surroundings, social contacts, and role. Gale appreciated the structure, the schedules and meetings, the activities which fended boredom away, and the opportunities to talk with "different kinds of people". "The more talking I do, the better off I am. It gives you a sense of your own." Renouncing isolation, and becoming a member of a group, she seemed to be saying here, strengthened her sense of self.

Through her conversations with other patients she developed a perspective on her illness which helped minimize the negative effects of her identity as 'mental patient':

> At the hospital I realized that you're not alone, that there's alot of people with alot of different problems. Everybody's not perfect.

Her exposure to the imperfections of others helped her to accept her own, restoring her self-esteem, and perhaps even reinforcing an adaptive form of denial (in which the fine line between placing her own problems into perspective, on the one hand, and on the other, minimizing her own problems while becoming cognizant of those of others, was blurred).

Gale also appreciated the opportunities for small successes through play rather than work, and the staff's use of play to foster feelings of self-esteem:

> The staff is wonderful. They give you alot of confidence. Like, if you're playing shuffleboard, if you do good they'll say, 'Yay! You did good.' If you did bad, 'Good. Now try again.' They give you the confidence, and boost yourself up instead of putting yourself down...I'm not sure of myself sometimes.

Exposure to other people's problems and their efforts to overcome them, and the increase in self-esteem derived from discontinuing medications and becoming a competent shuffleboard player seem to have helped Gale to believe in the possibility of recovery, and in her ability to play

an active role in that process. When asked if she had any idea why she seemed to be doing better, she attributed her progress to her "determination to get better again, to get out in the world again."

v.Gale's Second Woodshedding Phase - Work

Throughout her second woodshedding phase, Gale worked as an office receptionist, at first part time, and later full time. Her return to surroundings, co-workers, and a work role familiar to her from a previous period was an additional source of stability to that derived from keeping this same job for the duration of the period:

> At first I felt kind of nervous about going back to the same place to work. But I knew everything, so it was like taking up a cup of tea and drinking it. It just took a little getting used to...The first day I just went to visit, and I looked around, and there were a few things that were different, but they were minor...It was nice seeing the people at work...I felt kind of awkward at first talking with people, but then I kind of eased up. They knew I was in the hospital so they understood. It took me a little time but after awhile I started talking and exchanging what had happened, and how the place was going, and what had changed.

Her initial success at work on a part time basis helped restore her sense of competence and self-esteem: "At first I felt kind of like I couldn't do it, but when I did it, I did pretty good." When this phase was well underway, her later success in advancing to a full time position in the same company provided a further opportunity to increase her sense of competence and self-esteem, without disrupting the continuity of

surroundings, contacts, and role, without increasing responsibilities and pressures: "Before I was worried about it (full time work), but after I got the hang of it I got more confidence in myself."

The structuring of time imposed by work was also a source of stability:

> It gets me up in the morning...Work gets you out of the house and puts you on a schedule... if I weren't working, I'd climb the walls, I'd get very agitated, belligerent with my family.

The receptionist job, in particular, was a stabilizing influence because of the clearly specified hours, well-defined tasks, and the predictability of events, interactions, and demands:

> You know exactly what's going to happen everyday. It's always basically the same. You know which days are going to be busy and which days are going to be slow.

Other sources of stability at the office were the realistic productivity requirements, minimal consequences for failures, and clearly limited responsibilities. At the factory Gale had found the piece-work productivity requirements stressful, particularly because the standards set, she felt, were ideals that could not possibly be met. Her assembly line was expected to pack a particular quantity of boxes each day. But it was her job to discard the defective packages and, if necessary, stop the line. Thus she felt that she could never do her

job well, trapped between the conflicting demands of quality and quantity. Her success was dependent upon the work of those before her on the line, yet she felt pressured by their dependence on her work:

> I was worried about my work because I could never meet the standards, because my work depended on other people's work. I was the end of the chain reaction.

At the answering service, the pressure of answering many calls simultaneously was less upsetting. She felt that her job was well done as long as she answered as many calls as she could. Unhampered by dependence on co-workers' performances, she knew that this setting would allow her to do her best. Her failure to answer calls had little effect on her or on her co-workers. If complaints were received about the receptionists, her boss would usually accept her explanation that it had been an especially busy day.

> When I was in the factory there was more pressure on me...you gotta have a hundred pieces out in the hour...as a receptionist you don't have to get them out, the phones come to you...you just answer what you can, and that's the best that you can do...you know what calls you have to get out...there's not so much pressure. you're not working over time...at the factroy it's a fast pace, faster than what you're really doing.

Gale was in charge of no one at the office, and usually worked alongside her supervisor. She contrasted this to her pre-hospitalization factory job, where, as

inspector, she was in effect, supervisor to others. Assembly line workers once blamed her for a firing that occurred after a poor product had led her to order the line to be shut down. Moreover, she felt that she had been given too much responsibility too soon: "I enjoyed the responsibility, but it was too much. I can't go back to that work right now." When a supervisor whom she relied on for help went on vacation, she was left on her own:

> I had to ask everybody else. They got irritated with me and said, 'You know what to do.' And I did know what to do, but I wasn't sure of myself.

The nature of supervision is another condition of the work setting which may influence the achievements of this phase. At the factory, Gale felt that supervision was sometimes inadequate, leaving her with more responsibility than she could tolerate. Yet she reported that "the supervisor would stare at me and make me feel nervous." At the office, Gale did not feel overly scrutinized by her supervisor, and felt that she knew the job well enough not to need more than the available supervision.

> The supervisor is there doing the same work, but is not always there...she knows what she's doing, I know what I'm doing. We don't interfere with each other. She doesn't get on my back...anyone can learn it, it's not a hard job....If I thought something was wrong I could go ask.

Gale found her supervisor's concerned, but non-intrusive

approach helpful in returning to work: "The supervisor just asked how I was doing, but she didn't pry or anything." Thus her perception of the extent of supervision had been a source of work-related stress which she sucessfully avoided during her woodshedding period.

Relationships with co-workers at the office provided both stability and opportunities for change. Gale's role at the factory, as inspector, however, had interfered with the potential of these relationships: "It was hard for me to stand up to people...when I did I'd get very nervous." There were too many workers in the factory to allow her to feel that she belonged to a group, to play a role which might have contributed to identity formation:

> There were too many people, it made me nervous. I kept trying to make everybody like me for what I wasn't, but they sensed that I was frustrated and aggravated.

At the office, Gale worked with only one other person at a time at the switchboard, and the total number of different people she worked with was small. Not only did she seem to prefer this group size to that of the factory, but she found the wider age range, especially the exposure to older people, more satisfying than the uniformity of age of her high school 'clique' members. This raises questions about the extent of her social

integration while in high school. One might speculate that she sought out the stabilizing, family-like atmosphere prevailing at the office in preference to the challenges of a more competitive group of peers.

Another aspect of co-worker relations which may make them more conducive to woodshedding than relations within a high school 'clique' is the limit to intimacy imposed by the work setting:

> People were nice. We laughed and joked, but everybody kept their problems at home. You could call them friends but they're not friends that I'd talk with about my personal things... We're friends at work, but we don't get together outside of work.

Gale preferred working with a small group of people to working alone. Joking and talking with others helped her to 'forget her problems.' Gale's integration into a group of co-workers helped her to shed her identity as 'mental patient,' and assisted her apparently adaptive efforts to deny the extent of some of her problems: "They treated me like nothing ever happened."

Gale's view of work encompassed both an understanding of work-related pressures' role in her psychotic decompensation, and of work's contributions to her self-esteem and independence from her family. She described the meaning of work in material terms: "without work I'd be broke." But even the material rewards of work influenced

her relationship with her family. The money earned gave Gale some material independence, although her family did provide her meals and housing. In addition to structuring her day and keeping her occupied, work gave Gale the satisfaction of feeling constructive, of being valued for her objective achievements:

> I enjoy working. I didn't want to be a blob and sit at home and do nothing...Getting out of the house gives you a sense of not wasting your time, doing something constructive...a sense of responsibility, of being needed for a job.

Gale felt that through her work she could be helpful, and useful to others. It was with this aim in mind that she chose to work at an office which handled correspondence and calls for Alcoholics Anonymous and other self-help organizations: "I enjoy working with people, helping people out, connecting people, getting people to talk with them (A.A. callers)."

Gale seemed to pace her involvement with work with the very conscious aim of avoiding symptomatic relapse by taking on more work only very slowly, avoiding increasing demands, and resisting pressures to change or upgrade her job until she felt ready. Gale's second woodshedding phase drew to a close with her change in jobs, which entailed both an increased amount of pressure at work, and the financial means to move out of her parents' home:

She was staying on in her previous job at the office until an opening came at the phone company. She'd worked there on weekends, sliding back to half-time at the office. When a job at the phone company opened up she took it. This means more money, more potential autonomy, more self-respect, and more feelings of adequacy. It puts her under pressures to improve across the board, but she is resisting these...she is doing well at the new job and they are moving her ahead accordingly.

vi.Gale's Second Woodshedding Phase - Family

Gale had always lived with her parents, returned to their home when she began the day program, and stayed there throughout the course of this study. She depended on them for material assistance, and viewed her own income as spending money only: "it (the money she earned) gets me along...If I had to live on my own, in my own apartment, I'd never make it." Life with her family was a stabilizing influence offering companionship, a structure which organized time, and activities which kept Gale occupied. They ate evening meals and watched television together, and her mother "nagged" her to clean the house. She also found them helpful in controlling her tendency to undertake too many different projects at the same time, and at a rushed pace, a tendency which she considered a major problem:

> My mom tells me, 'Slow down. Don't try to do everything at once. Don't do too much.' Sometimes I want to do everything and she says, 'slow it down'...Sometimes I do want to go too fast.

The availability and unconditional nature of her parents' love were the aspects of living at home which Gale reported to be most helpful.

> It (living at home) has been bringing us alot closer. Knowing that there's a home, and people that love you there makes alot of difference... helps you to deal with them, and them to deal with you. There were times when we couldn't deal with each other, there are still times...but there is more of an understanding.

Before the hospitalization, she had been unable to allow them to be helpful to her. But during both woodshedding phases she developed the capacity to recognize and accept her need for their assistance. As she became convinced of the permanent, unconditional nature of their relationship, recognition of her need to be close to her parents may have aroused fewer feelings of vulnerability. Their loyalty to her, through her illness and her hospitalization, may have provided the proof of constancy that she needed: "They're there when I need them. No matter how far apart we are, they're there, and the love is there." Gale recognized her need for security and felt that the ability of her family to provide this security was therapeutic: "I'd rather go to my family than to psychotherapy for a sense of security."

If such security is accepted as adaptive during this period, then the denial employed in its establishment and maintenance may be considered adaptive as well. (Gale's reasons for stopping psychotherapy during this period may have included its interference with adaptive denial). Gale was generally reticent about her family and alluded only indirectly to the conflicts raised by her relationship with them. For example, she repeatedly referred to work as "my escape from home." And, as will be seen in the

next section, she seemed to view closeness to her family and relationships with friends, especially boyfriends, as mutually exclusive.

As the study ended, two years after her hospitalization, Gale was still living at home, although her job change had created "considerable pressure to move out of the house because she is now earning more on her job...Her mother kids her about when she will leave the home (kids her to stay)". During this final interview, Gale hinted at the difficulties that lay ahead for the development of greater autonomy from her parents. "Gale said that she thinks her parents would fall apart if she weren't there to help." This raises questions as to the actual extent of change in her relationship with her family since the time of her hospitalization, when she had admitted to "feelings of guilt about becoming too independent from her family..."

Perhaps she had succeeded, during the woodshedding phase, in freeing herself, at least partially, from some of these feelings, and by the end of the study was able to make a relatively realistic appraisal of her parents' dependence on her. If this were true, then her parents would have failed to meet one of the conditions of this phase: the withdrawal from a dependent relation as the

individual develops ties to the outside world. However, her perceptions of her parents' dependence may also stem from her own concerns about future directions. In either case, her comment may very well specify the areas of conflict of the post-woodshedding period, particularly if she attempts to increase her autonomy from her family and to realize her heterosexual strivings.

vii.Gale's Second Woodshedding Phase - Social Relations

Gale claimed to have had her own 'clique' of friends in high school, and was reported to have been 'popular.' However, her preference for the mixed age group at the answering service, together with the following comments on her high school friendships, suggest a more tenuous social adaptation, although perhaps no more so than for many adolescents:

> School made me nervous...I skipped alot. The people in it made me nervous...everybody was in their own clique...I was in my own little clique, but I was always by myself, I would always sit by myself...I used to talk to people. Everybody liked me. I liked everybody else. But everybody had their own problems.

During her second woodshedding phase, Gale may have relied on her family, and on her family-like work group for social contact, feeling that they were more available than her old high school friends. "They (old high school friends) were into their own things," she said. When asked if she meant by this that they weren't paying as much attention to her as she would have liked, she answered, "yes."

One group of friends, she felt, had been a destructive influence prior to her psychotic episode:

> I realized that there are alot of people on the outside that will help you if you ask their help, and there are others you have to watch out for ...Gay people I used to know...I always used to call them, but I never should have. I used to go to them instead of going to my mother and father. But I started to get nervous about my own sexuality. It made me very nervous, but now I know I'm not gay, I'm a woman.

During the second woodshedding phase, Gale made it her business to dissociate herself from this group, and was comforted by her success in separating from them. This, combined with her self-imposed abstinence from dating, and the explicitly nonsexual nature of her social activities with girlfriends or couples, may have constituted an effort to exclude sexual interaction from her contacts with others, to buffer, perhaps, against the insecurities about her womanhood aroused by her lesbian acquaintances. This sort of avoidance mechanism appears to be a specific instance of the more general adaptive effort, during this period, to minimize stress, and to seek out stability.

Other instances of adaptive stress avoidance were Gale's attempts to avoid recognizing the potential for conflict within her family. However, on several occasions Gale revealed that she saw her involvement with friends, and the possibility of having a boyfriend, as incompatible with the present nature of her role within the family. When she said,"I enjoy going out. It's not like I was going out just to get out of the house, or to get away,

or running," she gave the impression that family and social life were pulling her in opposing directions. When she attempted to convince herself, towards the end of this phase, that she really wasn't interested in dating, she described the likely boyfriend as intrusive, authoritarian, parental, and equated failing to date with a permanent stay in her mother's home:

> Sometimes I wish I were dating. Sometimes I think I'm better off than somebody else. I don't have anybody sitting behind my back going, 'Where've you been?' That, I don't like. I don't like to be looked over my shoulder. I told my mother, 'I'll be here 'til I'm ninety-nine years old, I'll be here with you.' She said, 'It's O.K., it's O.K.' But it's not drastic. But now and then it's nice.

She attempted to minimize her yearning for a heterosexual relationship, invoking the safety of her relationship with her mother (who did not, Gale stated on another occasion, attempt to supervise her comings and goings).

Gale's peers offered much aside from the safety of nonsexual interactions. They offered continuity, for although Gale had dropped her lesbian friends, the newly realigned social network included other old friends from high school. They helped structure her time, and offered activities that kept Gale occupied: they would go shopping, or out for ice cream, and a group of them went to a cooking class every Monday night. Their acceptance

helped her to develop a sense of belonging, to shed the identity of 'mental patient,' to bolster her self-esteem, and to solve problems:

> Seeing friends makes me feel better about myself. With some of them I can talk about things that are bothering me...it's nice to know that you have them, that you can count on them...that you're not the only one who's going through something, not the only one who did this before or did that before.

And finally, her integration (or re-integration) into this group of peers altered her view of her position in her social world, reducing her isolation, and strengthening her capacities for empathic understanding and reciprocation:

> I knew them before I got sick, but now, for instance, the people I go to ceramics class with, I know them more now. Everybody changes over the years. I've known these people for a real long time, but we seem to know each other more, get along better, understand alot more...Before I knew them, but I didn't give two hoots about how they felt, before I got sick.

CASE HISTORIES (cont.)

2.CARY H.

Before coming to the discussion of Gale's woodshedding phases, the second case history will be presented. In turning to Cary H., past history (and an expository 'timetable') will be presented before describing his two woodshedding phases, his long term course, and speculations relating the former to the latter.

i.Past History

Cary, a single man in his mid-twenties, had done well with school work througout his childhood, but had been unable to make and keep friends, remaining dependent upon his overly protective mother. Nearly a decade before this study began, the psychotic dimension of Cary's disorder became manifest, reportedly precipitated by sudden developments within his family, and anticipated changes in his social and school settings. Then eighteen years old, he was on the verge of graduating from high school, and planned to leave home for college at summer's end. His sister, who tended to mother him, had just left

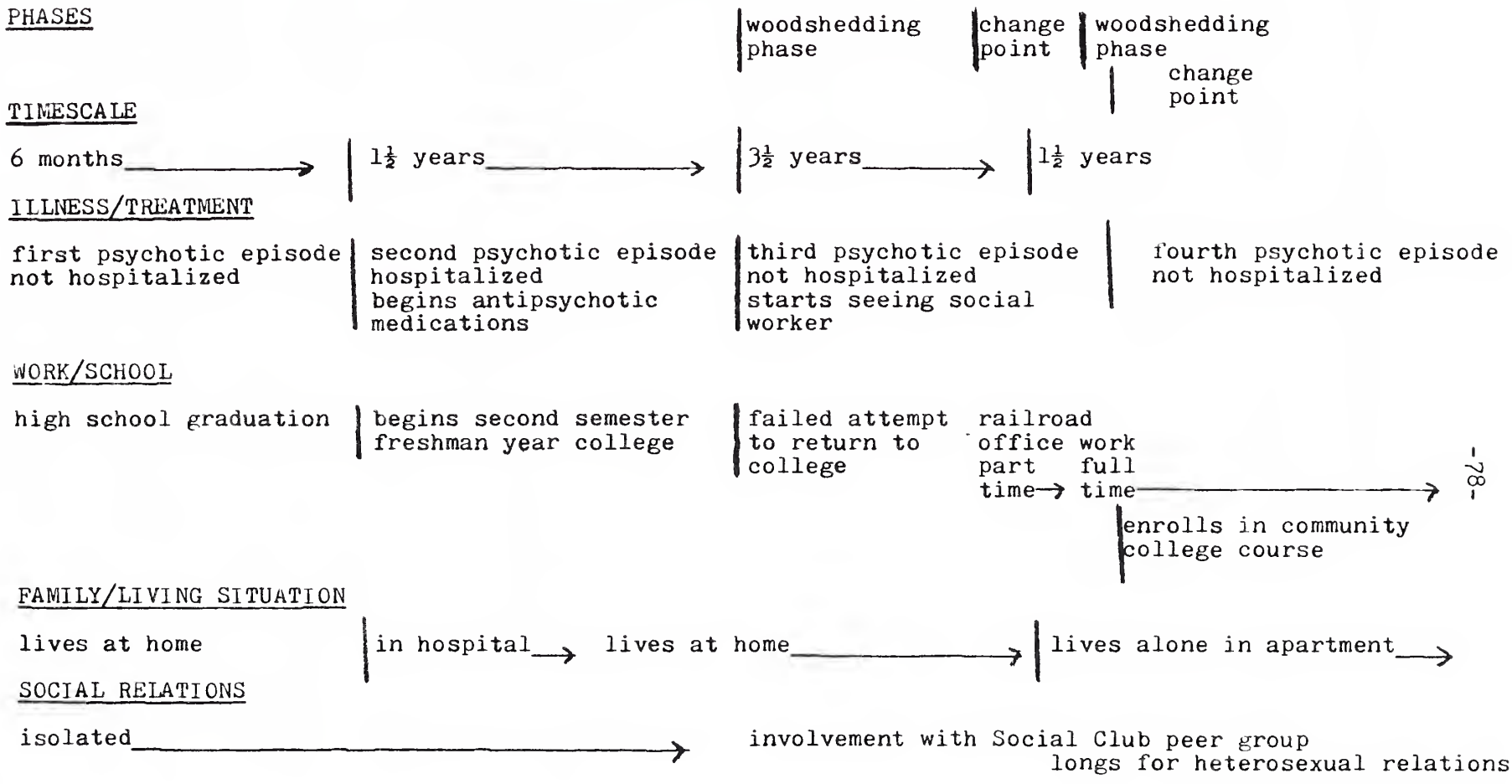
home, his maternal grandfather was seriously ill, and his father, after a seven year absence had renewed contact with his family.

Cary's fear of leaving his family was accompanied by a determination to take on the challenges of college. Although he had been given the diagnosis of psychotic depression, he went off to college as planned. (He had not been hospitalized, received no medications, and discontinued psychotherapy which he had begun about two years before this psychotic episode). At college, Cary's academic adequacy and social difficulties continued.

Just before he was to return to college for his second semester, after a Christmas vacation spent at home with his family, Cary became psychotic again. This time he was hospitalized, and with a diagnosis of schizophrenia, chronic undifferentiated type, was discharged on anti-psychotic medications. He did not attempt to return to college for another year and a half. When he did, it once again precipitated a psychotic episode for which he was not hospitalized. He continued on psychotropic medications, refused individual psychotherapy, but instead saw a social worker whose concrete, practical, problem-oriented approach he appreciated. In the five years that followed,

Cary avoided attempts to return to college, as well as acute psychosis. It was during this five year, relapse-free period that Cary's two woodshedding phases seem to have occurred. They were separated in time by an intervening change point during which Cary moved out of his mother's home.

TIMETABLE: CARY H. (includes only major, phase-demarcating events considered relevant to the text, and begins with the individual's first psychotic episode)



ii.Cary's First Woodshedding Phase - Work

The first woodshedding phase was characterized by three years of steady, full-time employment at the post office, and as many years of regular participation in the Social Club, a peer group for individuals with psychiatric disorders living in the community. I t came to an end when Cary moved from his mother's home to an apartment where he then lived alone. It should be emphasized that, for Cary, simply finding and holding a full time job represented a significant achievement. (One summer, well before this phase, he had worked at the railroad, and had been rated at the lowest level of competence, with the recommendation that he not be rehired).

Work provided Cary with a sense of "self respect," of being "self-made," of being "equal to other people." It meant that he could view himself as "a productive citizen, good, and industrious,...(as opposed to) a lazy bum, on disability, with no pride." He could, in fact, have received welfare or disability insurance, and used his time to pursue his interest in numerology. But he chose to work, feeling that "welfare is not for him, and that he should work and support himself."

Cary's lucidity about his decision to work rather than to receive welfare, and about subsequent experiences

at work involving his sense of identity as a 'mental patient' was impressive evidence of his capacity for self-observation:

> The pulls and pushes of monetary reward and disability payments, the unpleasantness and pleasantness of the job, and his own hardworking drive were all described impressively (by Cary)....of all the people (in this study)...even those with much briefer or less severe disorders, he talks most like someone who had no psychiatric disorder at all in terms of clarity, his experiences, and the kind of distance and reflectiveness he has about the situation.

External approval and acceptance were made possible by Cary's particular choice of work setting, the railroad, where challenges were discrete, and graduated. There, Cary could master concrete tasks, gradually climb up the hierarchy of appropriate, available positions, and win social approval along the way.

> He has an increasing sense of mastery at the job (he is called office commander by his co-workers, an extremely ascerbic crew who berate and belittle practically everyone), feels more accepted by them, finds his sharpness allows him to retort wittily to their comments, which has further engendered a camaraderie and acceptance.

iii.Cary's First Woodshedding Phase - Family, Social Relations

At work Cary had come to feel increasingly comfortable with co-workers, joking with them, spending breaks and lunches with them. Beyond the workplace, Cary's social relations were limited almost exclusively to the Social Club, and he held his family partially responsible for the restricted nature of his social life.

Cary came to believe that his family had been slowing his progress: "they don't believe in improvement, they drag you down," and found it helpful "not to take them too seriously." During the first woodshedding phase he had already begun to "stand up more to his sister and mother" and speak his mind, an indication of an increasingly independent attitude which his preceded his move from his mother's house. Cary had resented living with his family, seeing this as the cause of his "social retardation." Feeling handicapped by this, he had feared functioning in social settings outside the family until his experience with the Social Club peer group, of which he had been elected vice president, convinced him that he could "make friends, be one of the boys, and was not socially retarded after all."

The salient feature of the Club was that it was made up of people whom Cary considered at least as 'abnormal'

or 'crazy' as he was himself. This removed some of the risk involved in seeking acceptance from a social group. Moreover, despite Cary's growing preoccupation with meeting and dating women, he could feel quite certain that "he was not particularly interested in dating members of the Social Club." This made the Club a more safe and secure place in which to seek peer recognition and develop social skills.

iv. Cary's Second Woodshedding Phase - Independent Living

During the second woodshedding phase Cary lived in his own apartment. Once fearful of social contact, he now felt that the rewards of independence included being able to invite people to his apartment, to make phone calls without the involvement of his mother, and privacy with which to conduct his social relations. Greater exposure to peers gave him an "increasing ability to engage effectively," offsetting his "strangeness." He found that his friends could help him with reality-testing: "he feels it is particularly helpful to get the feedback from them when he is getting upset." Once out of the family's home, Cary was able to begin "trying to deal with mid-levels of intimacy, as for example, in working things out with a friend who wants to be a roommate." However, Cary's decision not to take on a roommate was motivated by his recognition of a continued need for clear limits to intimacy.

Another reward of independence was the self-esteem which came from Cary's discovery of his ability to function autonomously. And with self-esteem came a decreased susceptibility to environmental vicissitudes. "As he mentions, now that he feels somewhat less vulnerable personally, even problem areas of the environment seem

to have less impact on how he is doing." However, the new independence achieved by his move did not mean a complete severance of ties with his family. Though he maintained that "the more distance the better," he continued to have breakfast with his mother once every week, and may have been comforted both by her ongoing availability and by the structured limitations to the extent of their contact. Thus familial relations continued to be a stabilizing influence after his move. In fact, his new distance may have helped him to profit more selectively from the stabilizing aspects of his relationship with his mother, leaving him less affected by disruptive pressures that he may have felt while at home.

Cary saw his new independence, confidence, and peer recognition as helping him to "behave increasingly adequately," and to seek out more social contact, beyond the confines of the Social Club: "he hopes to be accepted even more among other people who are well rather than have mental illness." No longer entirely satisfied by recognition within the Social Club, Cary decided to enroll in a course at a local community college. Cary saw his attempt to take a course at a community college as a way of "meeting girls." Shortly

before the course began, he halved his dose of impotence-inducing anti-psychotic medications, thereby increasing the likelihood of a relapse in the context of the unfamiliar environment and new challenges he had set up for himself. Just as the course was to begin, Cary experienced his first psychotic episode in five years, clearly demarcating the end of his second woodshedding phase.

v.Cary's Second Woodshedding Phase - Work

During the second woodshedding phase, Cary had exchanged the security of his mother's home for the challenge of independent living. His work tasks, however, remained constant, and now that they had been mastered, were more stabilizing than challenging. The flexibility of the railroad in providing jobs of varying levels of difficulty and social contact, and in permitting switches back and forth between jobs, helped minimize the impact of this final psychotic relapse on Cary's long term job prospects. In this relatively sheltered environment, Cary became delusional, experienced the consequences of his delusions, and then was able to measure their discrepancy with reality, without permanently disrupting his life, without irremediable failure (though the relapse terminated, by definition, Cary's second woodshedding phase, and forced him to drop the course he had enrolled in):

> He became suspicious at work that people in his section machine were talking about him...and became more suspicious and agitated...In the two to three days that he was becoming paranoid, he also requested a job switch because he wanted to get away from the people who were persecuting him in his section. He was reassigned to a simpler job, throwing documents into a bin, which he still has. He will be returning to his previously held job for which he has reapplied next week, however. During the period of psychosis he missed one week of work...The work situation is generally fairly stable now.

Cary's assertiveness and determination, as evidenced in his efforts to accommodate his symptoms by switching positions (i.e., to restore stability without renouncing work altogether), appear to be important personal attributes influencing the nature of his recovery phases. Because Cary's paranoid perceptions of his colleagues did not lead to loss of his job and of his other accomplishments during this period, he was able to resume work alongside his co-workers, requiring a readjustment of his perceptions of them, perhaps during a third woodshedding phase occurring after this study had ended. One can only speculate as to the effect that less than ideal measures of flexibility and tolerance at work might have had on Cary's course.

DISCUSSION

1.METHODOLOGICAL DIFFICULTIES

The case histories and descriptions of woodshedding presented here were drawn primarily from narrative summaries or tape recordings of semi-structured interviews. Their approximation of the occurrences of the phase may be colored by post-hoc efforts to explain subsequent course on the basis of this phase. Another potential problem generated by the protocol is the reliance on self-report, which may be biased by efforts to please the interviewer. Given the requirement of recent employment for inclusion in the study, there may be an inflated representation of atypical or unusually high-functioning individuals with psychotic illnesses. Given the small number of patients in each diagnostic group, comparisons among such groups are not statistically significant. Ultimately, the value of the concept of the woodshedding phase will be determined by prospective studies in which specific criteria are used by several different raters to identify this phase, without knowledge of subsequent course. However, it will remain virtually impossible to identify the phase until it is well under way, unless specific signs of onset, currently unknown, are defined.

2.SUMMARY OF WOODSHEDDING'S CHARACTERISTICS

To identify this phase in an individual as it unfolds, the clinician recognizes stability maintenance through the absence of changes involving new people, places, and roles, the absence of job promotions, educational advances, heightened levels of intimacy, new living situations. Psychotic relapses, too, are excluded from this period by definition. Concurrently, the clinician observes, though perhaps with less ease, the hallmark changes of the phase. Among these are work mastery, peer recognition and integration, self-esteem development, and a circumscribed, but distinct, increase in autonomy within the family. The salient characteristic of woodshedding, then, is not the apparent stagnation in and of itself, but rather its role as context for simultaneous, underlying change.

DISCUSSION (con.)

3.CASE HISTORIES - GALE D.

Gale's first and second woodshedding phases were characterized by developmental changes associated with little or no stress. The nature of these changes, and the pace at which they occurred were compatible with Gale's overriding requirement for stability:

> There's not huge, humongous things changing in my life. There's little things,but not as drastic as it was before. It seems, not easier, but better than it was before. I'm going at a much slower pace. I'm not jumping ahead of myself, like I was before. My attitude is alot different, too.

Developmental change was brought about by the integration of new attitudes and feelings, achievements, and experience, at the day program, at work, in the family, and with friends.

The development of self-esteem, a crucial achievement of this period, and perhaps a prerequisite for independence, was enhanced by several different experiences while still in the day program, including Gale's success in remaining asymptomatic without medications. Her discussions with other patients, whom she learned also had problems, as well as her development of competence at play (shuffleboard), also strengthened her self-esteem.

The careful timing of Gale's return to work and her advancement to a full time position contributed to her success in re-establishing work skills and relationships with co-workers. During this period, Gale's realignment of social contacts, avoiding individuals who upset her and relationships with sexual potential, seemed to enable her to re-establish social skills, talk about her problems, and develop capacities for empathic understanding and reciprocation. While living at home, Gale learned to recognize and accept her need for intimacy with her parents, to trust their love as permanent and unconditional, and to talk things over with them.

Gale also developed, during this period, some, perhaps limited, insight into the nature of her difficulties. As if to implement her insights, Gale also developed new capacities for self-observation and self-control:

> I used to have this cockiness...like your mad at the whole world, and your mad at yourself, too. It's a terrible attitude to have. It's a punk attitude. Like you see punks on the street all ready to kill someone. That's how I was in school ...I used to have a temper. I used to have a bad temper. I still have a bad temper, but before, I'd get really aggravated, I'd almost come to blows. Now I still have the temper, but I know where to stop. I can control it more. If I get to a certain point, I can't control it. I start screaming, crying, smashing things...It still happens sometimes. But it's not like it was before, when I got to the point of wanting to kill somebody.

Of the conditions offered by Gale's environment, continuity was among the most striking. The day program was, in many respects, a continuation of her in-patient environment. During the first woodshedding phase, she returned to live with her family, and during the second, went back to a job she had had before, and saw the same old friends.

Individual characteristics which appear to have favored developmental change during the woodshedding phases include the ability to use denial-like mechanisms in an adaptive manner, maintaining stability, and creating a sense of safety and relative invulnerability. In the interviews, Gale would often answer "yes and no" or "both" to pointed questions, and frequently employed the expressions "it's not drastic," and "it doesn't bother me." When asked about the helpful and harmful aspects of work, family, and friends, she commented only on the helpful aspects of her current situation, never identifying any harmful aspects. Aside from the fact that she found adequate support at home, at work, and from friends, Gale may have gradually withdrawn from psychotherapy because she could not integrate the insights it offered, and instead found them disturbing:

> I look at it (psychotherapy), like, I feel I need it in some aspects. It's help I'm getting, and say somebody else who needs it whose not getting it and that'll hurt them. I really don't feel I need it as much...'What do I need her (the therapist) for? Nothing's wrong with me. I'm not sick anymore.' I'd get that attitude sometimes.

Other individual characteristics which might have favored developmental change include hope, the belief in the possibility of recovery, persistence, determination; the development of self-esteem during the woodshedding phase may potentiate these characteristics.

> The doctors and all the people at the hospital helped me alot. But the person who helped me the most was myself...It must've come from deep down inside me that kept my sanity going. Maybe it's a trait that you're born with, a strength. Everybody has a strength that they don't know of that'll keep you going everyday. And I think that strength must have been super strong inside of me to make me come through as good as I did. It's basically myself that pushed myself to get better.

Both phases came to an end as the increments of change in self-esteem, competence, and independence led to more thoroughly transforming qualitative change, and a corresponding destabilization of Gale's environment. After the first woodshedding phase, Gale was able to make some adaptations to the new environment, less sheltered than the day hospital, while re-establishing stability within the new environment, so that the second woodshedding phase could take place.

The second woodshedding phase came to a close as Gale's re-established competence at work enabled her to switch jobs. The new job brought with it pressures and responsibilities incompatible with the phase's requirements of stability. It also brought improved material compensation, increasing pressure on Gale to move from her parents' home, intensifying her conflicted feelings about autonomy. Gale's increasing desire to date, at the close of this period, also threatened to alter the nature of her relationship with her parents. Changes in surroundings, social contacts, and roles disrupt the continuity of woodshedding, but are the culmination of the developmental changes of that period. Gale herself pointed out the role of her confidence, which had grown during both phases, in bringing about subsequent changes. When asked, "How does one know when it's time for a change, that the change has a good chance of working out alright?", she replied:

> It's how you feel about it. It's what your confidence is...If you're not sure of yourself or sure of what somebody else might think...that might stop people sometimes -I'm talking about myself, too- that might stop people from wanting to take another step. Then, they'll push it aside and say I think I can take that step, then they'll stop. I think alot of the times it's people's confidence, what they think of themselves, and what the circumstances are.

Gale's second phase seems to have been an effort to re-establish the least stressful level of function of the

premorbid period, avoiding the factory job and the group of friends that had been problematic for her. The stability she sought may be a specific characteristic of woodshedding in individuals with a variety of difficulties and diagnoses, but it seems a particularly appropriate response to her new insights into her tendency to undertake too much at once, to hurry things. Thus one of the contributions of woodshedding to her favorable long term outcome might be a new ability to pace herself, and to re-establish stability when she finds that things are beginning to move too fast. Gale's new capacity for self-observation and control may help her in her efforts to pace herself, while her use of denial might help re-establish stability (although it may also interfere with other aspects of her evolution). Other resources which may buffer against future relapses include her self-esteem, and her ability to turn to family and friends for help with her problems.

DISCUSSION (con.)

3.CASE HISTORIES - CARY H.

For Cary, the woodshedding phase of recovery consisted of gradual mastery of concrete tasks in a relatively constant, unpressured work setting which tolerated occasional failures, recognition from and interaction with a peer group of equals, with limited aspirations for intimacy which were quite specifically nonsexual in nature, and gradually established independence from his family with the knowledge of their ongoing availability. The autonomy, competence, and self-esteem derived from these experiences were some of the developmental changes which appear to be favored by a stable environment. They may contribute to a decreased susceptibility to environmental vicissitudes, and thus may provide partial protection against relapse. But for Cary, they also motivated, and made possible the wish for, environmental alterations (e.g., taking a college course, and associating with people without mental illness) intended to satisfy more ambitious strivings.

The development of greater ambitions during woodshedding which bring about its conclusion may be characteristic of

this phase of recovery. But Cary had a unique strength which may have contributed to this: his persistent determination. This was the source of his hesitation to lower his expectations for himself to more realistic levels, of his susceptibility to destabilization by strivings beyond his capacities, as well as of his gradual progress in attaining realistic goals. His determination may also have been a decisive prerequisite for, rather than product of, his successful accomplishment of the achievements of the phase.

Cary's woodshedding phases were distinct from other periods of his life not because of the fundamental nature of the issues addressed, for he had been grappling with many of them all along. Instead, the order and structures in which they were confronted had changed. As the first phase began, Cary's dependent relationship with his mother and sister reinforced his social isolation, and may have interfered with the development of self-esteem and the establishment of friendship with peers. But he could not yet attempt major steps towards autonomy (e.g., going away to college) without an exacerbation of symptoms. During the first phase, Cary remained in his mother's home, where his relationship with her may have evolved gradually. The stability of this relationship may have served as a buffer against external adversity, providing

some relative protection against relapse while facilitating developmental change through work and social experience. The evolution of Cary's relationship with his mother towards increasing independence was one of gradual change within a context of continuity, a characteristic example of the simultaneity of change and stability during this period.

It is likely that a premature move away from home would have halted Cary's gradual progress at work, just as similar separations had been associated with his abortive efforts to go to college. By undertaking the move after the experience of work mastery and the associated boost in self-esteem, Cary may have rendered his bid for autonomy less destabilizing. This suggests that stability in one area (e.g., the family) could not be altered until another form of stability had been established in another area (e.g., work, and perhaps an internal form of stability arising from the process of identity formation). Identity formation, stemming from work and work-related social recognition, from the experience of having a valued and needed social role, may consolidate the shift in stability requirements.

Cary's experiences with the Social Club were similar to his experiences at work in that they both brought about a combination of developmental change and stability which may have assisted his establishment of

more independent familial relations. His sense of belonging to the Club, and its confirmation of his ability to make friends, for example, may have helped relieve fears of isolation associated with his move from his mother's home. The social experiences of the Fellowship Club were particularly well-suited to the requirements of woodshedding. It was only when Cary had developed sufficiently within the Club to be able to strive for greater intimacy and recognition that he decided to search for this intimacy in a more dangerous environment, college, thereby ending the phase. The yearning for recognition from people other than those who reminded him that he was "not the only one with problems," this new ambition was one signal that the phase was drawing to a close.

Another was his intensifying wish for sexual intimacy with a woman. The changes of woodshedding, the independence, the recognition, and the social skills, made the realization of this wish appear, perhaps for the first time, plausible. One can only speculate as to whether his halving of his anti-psychotic medications before starting the community college course was a gesture entailing both a hope for renewed sexual potency and an unwitting wish to become psychotic again in order to avoid the challenge of college,

of sexual intimacy, challenges beyond the scope of the woodshedding phase.

Among the gains of Cary's woodshedding phases were confidence, derived from mastery at work, recognition from peers, and independence from family. Cary's second woodshedding phase drew to a close when these gains, wrought within a relatively protective environment, led to more ambitious strivings which destabilized the environment by extending its boundaries. Strivings for major changes in work, educational opportunities (going to a college class), intimacy levels (wishing to meet women), or for more broadly based recognition (i.e., from 'normal people'), appear to be responsible for much of the environmental instability that heralds the conclusion of woodshedding. Thus the new resistance to environmental instability developed during this phase is overwhelmed, ironically, by the instability arising from the individual's most concerted efforts to bring about change. Yet because such strivings, and the acts aimed at realizing them, may not have been previously possible, their emergence may also signal that the achievements of woodshedding have been successfully won.

DISCUSSION (con.)

3.CASE HISTORIES - GALE D. AND CARY H.

A comparison of the two case histories raises the question as to why Cary had another psychotic episode, while Gale did not. Difference in their woodshedding experiences may provide a partial answer, but certainly do not suffice to explain the differences in their course. For example, Cary's co-workers were extremely critical, and fueled his paranoia at the time of his relapse. Individual characteristics, too, may have influenced the extent to which the achievements of the phase could be attained.

Though Cary was, in many ways, much more insightful than Gale, he was also much more eager to change, to satisfy his ambitions, and this interfered with his ability to maintain the stability of the phase. Gale, on the other hand, was much more content to move slowly, and used adaptive denial to avoid feeling frustrated about the changes she was not yet ready to attempt. In addition to individual differences which influenced the character of their woodshedding phases, there were certainly other differences between Cary and Gale, differences in premorbid adjustment, illness processes, and diagnoses, which may have influenced

their course while having little or no relation to woodshedding.

And finally, the conclusions that are drawn from a comparison of their course may be skewed by the time frame of this two year study. If Gale and Cary were followed for five or ten years, rather than two, it might be found that Gale eventually does have a relapse, or that the psychotic episode that Cary had at the end of the two year study was to be his last.

DISCUSSION (con.)

4.PRACTICAL IMPLICATIONS

Once we have learned to identify the woodshedding phase, it may become possible to assist the individual in his efforts to assemble an environment which offers an optimal balance of stability and challenge. When it appears that he has settled into a phase of apparent stagnation which we fear will lead to chronic regression, hope, support for efforts to seek out stability, and carefully titrated challenges may promote developmental change, and perhaps decrease the likelihood of long term deterioration.

The developmental changes of this period, which may prove to buffer against psychotic relapse, seem to occur through experience and action. If we are to facilitate their occurrence, then effective therapeutic intervention might be directed at the contexts of action: the workplace, the peer group, and the family. Vocational guidance may assist the individual in finding a job offering the opportunity for work mastery in a setting with little pressure, a guarantee that abrupt promotions will not occur, a small group of co-workers, and a supportive,

non-intrusive supervisor. If a satisfactory peer group does not exist or cannot be assembled, group therapy focussed on peer-peer interaction, rather than peer-leader interaction, may offer some of the experiences we have described, as might peer-led support groups, made up of psychiatric patients. This study suggests that family therapy aimed at fostering or preserving a context of reliability, predictability, and security may be more useful, when feasible, than approaches which encourage premature separation. Treatment decisions might take into consideration the subtle adverse effects of medication that appear to be particularly damaging during this period. And finally, individual psychotherapy may be helpful during this period if it offers hope, information about possibilities for recovery, and assistance in elaborating adaptive forms of denial, and other coping mechanisms.

DISCUSSION (con.)

5.THEORETICAL IMPLICATIONS

i.Woodshedding's End

Changes compatible with woodshedding's requirement of stability ultimately breed changes incompatible with this requirement. These may lead the individual to seek alterations in his environment which, although destabilizing, do not necessarily result in relapse, because the developmental changes favored by the phase's stable environment also lead to a greater tolerance of subsequent environmental instability. Examples of strivings beyond those possible within the confines of woodshedding include major job promotions, sexual love relationships, or other major increases in intimacy levels, broad social recognition beyond a group of functionally equivalent peers, leaving the family home for a more independent living situation. Gale found, at the end of her second woodshedding phase, a new job with increased responsibilities, demands, and material rewards which put pressure on her to move out of her parents' home, for example. Early on in her second woodshedding phase she had felt that dating would only make her present situation more difficult, but towards the

end of this period she began to express a less hesitant desire to date. One might speculate that the nature of the efforts to realize these new strivings in the post-woodshedding period may provide some measure of the extent of integration of the experiences and developmental changes of woodshedding itself.

ii.The Successful Woodshedding Phase

Although woodshedding's end is characterized by a desire to take on more difficult, potentially destabilizing challenges, such desires may be an indication of the successes of this period. However, a successful woodshedding phase may require that lowered expectations govern the choice of activities and challenges to be taken up during its course. Realistic goals for this period may be different from or lower than goals for other periods.

Symptom-inducing pressures may arise as the individual attempts to attain even lowered goals. Environmental stability, as has been emphasized, may help to minimize such pressures. The pacing and ordering of the challenges may also buffer against relapse. Challenges may be more readily met if broken down into manageable parts to be dealt with sequentially rather than simultaneously. Certain achievements occurring late in the phase may build upon, or require the preceding experiences of the phase. For example, the self-esteem derived from earlier successes of this period may be essential in withstanding pressures associated with subsequent changes, even the subtle developmental changes of woodshedding. Many of the achievements of the phase may thus be considered cumulative in nature, eventually leading to aspirations too ambitious

to be realized within the confines of this phase, and to the induction of a new, less stable phase. This appears to be an instance of the dialectical principle whereby qualitative transformations are preceded by cumulative increments of change.

New strivings brought about by the experiences of a successful woodshedding phase will not necessarily ever be realized. Some may be permanently renounced in exchange for long term stability. One striving which arose in both Cary and Gale, only to be renounced, or at least indefinitely postponed, was the longing for a sexual love relationship. Moreover, even a successful woodshedding phase may be followed by relapse. It is obviously not the single factor in influencing outcome. However, some of these relapses may occur after unsuccessful woodshedding phases which current inadequacies in the characterization fail to distinguish from successful ones.

A successful woodshedding phase, rather than a guarantee against relapse, may provide the resources for rapid recovery from relapse, buffering against frequent or severe relapses, and against long term regressive deterioration. Rapid recovery from relapse should entail

a return to the highest level of function achieved during woodshedding, e.g., an independent living situation, a steady job which permits the individual to be financially self-supporting, peer-group participation, and in some cases, friendships. Cary's second woodshedding phase, for example, was terminated by a psychotic episode for which he did not require hospitalization. After taking a week off from work, he returned to a lower-level job in the same workplace, and took back his old job shortly thereafter.

iii.The Unsuccesful Woodshedding Phase

The integration of the feelings, attitudes, and skills associated with the activities of woodshedding seem to be favored by familial, vocational, and social conditions described in previous sections. Individual qualities such as hope and determination, as have been mentioned, also appear to contribute to this process. Future studies may be able to demonstrate that woodshedding phases, identified without foreknowledge of outcome, may be associated with a favorable course. If prospectively identified woodshedding phases are, on occasion, followed by chronic deterioration, this may indicate, as is likely, that there are many other factors involved in the course of disorder. But in some cases, the efforts to bring about the changes of this period, or to establish and maintain its stability, may be sufficiently evident to be identified, yet inadequate to influence outcome favorably. It is this possibility that gives rise to the notion of the unsuccessful woodshedding phase.

In the course of an unsuccessful woodshedding phase, the individual shows some signs of confronting similar developmental issues, but fails to undergo the developmental changes of the phase, for reasons attributable to either environmental or individual inadequacies, or both. For example, the individual may demonstrate, after an initial period of tolerated dependence, a desire or capacity

for some limited degree of autonomy within the family, only to slip back, giving up plans for an independent living situation at a much later date, or failing to stand up to a controlling parent or sibling. He may begin a job, begin to experience the rewards of mastery of the job's tasks, perhaps even recognizing the importance of this to his present needs, and then later make a mistake at work which he views as irremediable, giving up his sense of competence, and renouncing further efforts in this area. He may experience the desire for companionship and have some initially gratifying social contacts which may later be avoided if illness-derived perceptions (e.g., paranoid delusions, self-other boundary confusion, etc.) interfere.

An unsuccessful woodshedding phase is thus distinguished from a successful one by the failure of developmental changes to occur through these experiences. It is distinguished from a more complete stagnation or other post-psychotic phases by the presence of efforts to seek out these kinds of experiences, and perhaps even by some recognition of the need or desire for the developmental changes of woodshedding. And finally, it may be distinguished from periods of more abrupt change by the initial stability of this period. though the failure, on the part of the individual, the environment, or both, to

maintain this stability may contribute to the relative lack of developmental change.

The environment may provide inadequate conditions for the experiences of woodshedding. Unemployment (this may be self-induced as well as environmental) deprives the individual of the experiences of work mastery. An overly demanding job may have a similar effect, as well as impinging upon the stability that seems to be required. The absence of family, intolerably conflictual family relations, or insurmountable difficulties with communication within the family may also deprive the individual of stability, and perhaps, too, of a primary experience of approval and acceptance which might influence subsequent social integration. The inability of family members to alter their relationships with the individual as he becomes ready for greater independence may influence his strivings towards autonomy, and perhaps his long term course. Gale, for example, reported that her parents were dependent upon her, and this perception may have prevented her from positioning herself during her woodshedding phases for a major move towards autonomy at their conclusion. The absence of an appropriate group of peers may leave few other opportunities for recognition and social skill development. A critical or hostile peer group may reinforce existing low self-esteem, paranoid delusions, and lead to symptom relapses.

Individual factors may play a role in the failures of this period as well. Ironically, both symptom persistence and pharmacologically achieved symptom remission may impede the changes of the phase. On the one hand, the persistence of symptoms may interfere with work mastery, and familial and social relations. The adverse effects of antipsychotic medications may create similar problems. On the other hand, long term pharmacotherapy may shelter the individual from symptoms, but contribute to the stability of a woodshedding phase from which the individual is unable to emerge. Fragile self-esteem may be further jeopardized by the belief that a self-determined (i.e., medication-free) recovery is not possible. In some cases, the challenges of autonomous symptom control (diminished or lost with medications) may be a partial catalyst for the developmental changes of woodshedding. For example, the boost in self-esteem that Gale derived from "taking care of herself" without medications seemed to potentiate her hope for the future, and, in turn, her efforts towards recovery. The damage to self-esteem, resulting from a perceived dependence on medications, may prevent the development of the more ambitious strivings which help end the phase. Other individual factors contributing to an unsuccessful woodshedding phase may include the lack of motivation, persistence, determination, goals, vision, hope, belief in the possibility of recovery.

One final distinction between successful and unsuccessful woodshedding phases is the extent to which more ambitious strivings begin to be articulated towards the end of the phase, as has been discussed above. The failure of the developmental changes of woodshedding to occur may prevent the individual from beginning to harbor the ambitions which contribute to the close of this period. If he has not had the experience of unconditional love from his family together with some degree of autonomy within his family, then he may not aspire to a more independent living situation. If he has not had the experience of competence in his work and with social contacts, then he may have no wish for promotions or more intimate friendships. If his self-esteem has not been re-established and strengthened during this period, then he may not aspire to challenges which he perceives as beyond his capacities.

iv. Recurrent Woodshedding Phases

It may prove helpful to postulate a continuum ranging between the successful and unsuccessful woodshedding phases. This might shed some light on the empirical observation that both Gale and Cary experienced not one, but two woodshedding phases during the course of the study. As has been emphasized, even a successful woodshedding phase may be followed by relapse, and thus by subsequent woodshedding phases. However, with or without intervening relapses, woodshedding phases may tend to recur if they are only partially successful.

One explanation for recurrence may be derived from the Piagetian notion of horizontal 'decalage' (127), or from similar developmental stratification theories (154). Both oppose the view of developmental stages as unitary and monolithic in nature. Several different, but interrelated developmental lines, or strata (e.g. cognitive, affective, social, biological, etc.), may align with each other in recognizable configurations corresponding to distinct developmental or recovery phases. There may be one, or a specific set of configurations characteristic of the woodshedding phase. But the developmental lines may not all undergo the transformations required of a fully successful woodshedding phase during the same period of time. Recurrent phases may permit the lagging

developmental lines to come, once again, into a configuration with the others which will favor their progression.

The recurrence of the woodshedding phase may be an artifact of its present characterization, which may lack the precision to differentiate among phases which may eventually receive distinct classifications. Other explanations of recurrence include the view that developmental stages persist in some form indefinitely, even after they have been superceded by others. They thus may reappear, though slightly altered, as a consequence of environmental circumstances of the sequencing of intervening phases. The recurrence of woodshedding may also be explained by the possibility that developmental phases have corresponding precursor and prerequisite phases. An initial, partially successful woodshedding phase might then be explained as a precursor, or even a prerequisite for a subsequent, full-fledged phase(29). A final explanation lies in the view that the nonlinear discontinuities of development may sometimes display an oscillatory pattern. A recurrence of a previous level of function may constitute a necessary return to a branching point, from which a new path, perhaps encompassing a broader amplitude, may be taken (154).

v.The Revised Law of Entropy

In earlier sections, the relevance of theories of change, and of developmental metaphors, to studies of the course of psychiatric disorder has been considered. A further aspect of the revised entropy law relevant to the course of disorder is the role of catalysts in nonlinear transformations. One condition of the transformations of Prigogine's system is that they be nonlinear. They may include stable oscillations as well as the positive accelerations that result when oscillations aggregate to one side or another of equilibrium (23). The mechanisms proposed for nonlinear transformations include auto- and cross-catalytic processes. In the former, one product of a process serves as a catalyst for its own subsequent production. In the latter, each of two products of a process serves as a catalyst for the subsequent production of the other. In both, the catalysts, by definition, reduce total energy requirements.

In the case histories of this study, there are numerous examples of analogous processes. The development of self-esteem through work success may be viewed as an auto-catalytic process. The gradual establishment of independence from family, and of social competence, both apparently arising, in part, from peer relations, may be thought of

as a cross-catalytic process. In both cases, the products of initiatially energy-consuming reactions appear to catalyze increasingly effortless reiterations.

vi.Dialectical Principles

The dialectical aspect of Prigogine's revision of the second law of thermodynamics is its relation of cumulative, quantitative change to qualitative transformation. Hegel illustrates their relationship with the example of intra-uterine growth, supposedly a form of quantitative change, which precedes the qualitative transformation occurring as life's first breath is drawn (62). This principle may be used to explain (and perhaps eventually to predict) discontinuous developmental leaps, such as those observed when a woodshedding phase gives way to an attempt to do something never attempted before , or to success in an endeavor which had previously led to repeated failures.

Another dialectical principle which appears to be of some relevance here is the role of internal contradictions in bringing about change. Within the individuals of this study, many internal contradictions arose during the woodshedding phase: simultaneous yearnings for safety and risk, dependence and independence, oneness with another and individuation, fear and courage, growth and stagnation, etc. At the close of the woodshedding phase, the intensifying aspirations for intimacy, work challenges, and independence from family, and the accompanying old fears and hesitations, have an intuitive ring of significance. The fundamental

contradiction within the individual during this phase may be the simultaneity of stability and change, and of yearnings for protection and aspirations for greater challenges. Although somehow inseparable from both the phase's essence and its demise, the dialectical approach does not allow us to state with certainty that these contradictions actually define the movement of the recovery process at that particular point in time.

vii.Woodshedding - Latency Analogues

The latency stage of child development is similar, in several respects, to the woodshedding phase of recovery from psychosis. In both, the simultaneity of stability and change is striking, as new psychological structures and cognitive abilities develop within a context of continuity. During latency and woodshedding, psychic regulatory functions (e.g., self-esteem, self-observation, self-guidance) appear to become increasingly independent from environmental influence.

The recovering individual and the child develop new relationships with their environments. The social world gradually takes on more importance as a source of challenge, stability and new experiences; the family slowly evolves from the center of activities to become a sort of safety net, reducing some of the perceived risk associated with activities elsewhere. The need for unconditional love persists but is altered by recognition based on material accomplishments, at work or at school.

Work and play both provide a structure for the initiation of emotional relationships. And both offer intrinsic limits to those relationships. At work, the common goal of productivity rather than social interaction

is one such limit. The consensus of make-believe which buffers play from reality and minimizes its consequences is another.(55, 93) Distinctions between fantasy and reality may be mastered as the recovering individual develops competence in concrete tasks at work, as the child assembles and disassembles make-believe worlds in play. Both play and work serve as media for social skills development and peer attachment. And in latency and woodshedding, these achievements appear to favor a gradual increase in autonomy. Peer relations in both phases offer experiences in accommodation, fostering the development of a capacity for reciprocation which gradually supplants egocentricity. And finally, an analogy may be drawn between the development of symptom control and impulse control. Both may be accompanied by an increased capacity for secondary process thinking as well as for frustration tolerance, and by the elaboration of new, more adaptive defenses.

There are, of course, many important differences between woodshedding and latency. The individual recovering from psychosis often lives with the fear of relapse. His family may have chronically engendered social isolation, leaving him with a lasting inability to establish and maintain relations beyond the family. The persistence of symptoms during this period may interfere with the process of developmental change.

Some of the similarities between work and play have been mentioned, but there are many features of the school experience not necessarily found in the workplace which may facilitate developmental change. School is a relatively unvarying institution with structure, roles, rules, and traditions which have evolved over time in adaptation to latency needs (which are both individually and socially determined). The workplace, on the other hand, may offer widely varying settings and conditions, at best coincidentally adapted to the requirements of woodshedding and recovery, unless there is intervention, or a substantial, pre-existing capacity for self-guidance.

Despite these and other differences, this brief consideration of possible analogies between woodshedding and latency suggests that normal development has much to teach us about processes of change in psychiatric disorder. The view that the course of disorder is a fundamentally human developmental process may eventually lead to new theoretical formulations of the mechanisms of change, and on a practical level, may reveal important variables in recovery. If this is to occur, however, we may be forced to acknowledge the similarities between recovery from psychosis and human development, no matter how disturbing this bridge between psychiatric patients and the rest of humanity is to our own tenuous claims to sanity.

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